



MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY
 Asbestos Control Program
 PO Box 200901
 Helena, MT 59620-0901

**PURSUANT TO ARM 17.74.357(3)(A),
 VISUAL CLEARANCE IS REQUIRED ON
 ALL PROJECTS.**

REQUEST FOR ALTERNATE WORK PRACTICES, CONTROL MEASURES, OR METHOD FOR CLEARING

Incomplete forms or those without correct fee (\$100) will not be reviewed Allow at least 10 working days for review.

I. Applicant

Contractor: _____
 Mailing Address: _____
 Contractor Contact: _____
 Phone: _____ E-mail: _____

II. Site Information

Site Name: _____
 Site Address: _____

III. Applicable Regulatory Statute

- ARM 17.74.353 - Work Practices
- ARM 17.74.356 - Control Measures
- ARM 17.74.357 - Alternate Standard and Method for Clearing

IV. Description of Alternate Work Practice, Control Measure, or Alternate Standard and Method for Clearing Asbestos Projects (describe in detail):

V. Justification of Alternative Method (describe in detail how the Alternate Work Practice, Control Measure, or Alternate Standard and Method for Clearing Asbestos Projects is equivalent to the requirements and protects public health and the environment):

 Signature/Printed Name of MT Accredited Project Designer MTA # / Expiration Date Date

The approval of alternate work procedures apply only to the rule(s) cited above and only to the specific project and operator for which the request was submitted. All other project permit requirements apply.

DEQ Staff Section

Approved Denied (Provide basis below)

Reasons for approval/denial:

Date Asbestos Project Contractor contacted with decision _____

DEQ USE ONLY

Date Received	Amount Received	Check Number
Receipt Number	Date Approved	
ORG 574836	ACCT 502703	Fund 02202