



Waste Management Bureau • Asbestos Control Program • P.O. Box 200901 • Helena MT 59620-0901 • (406) 444-5300

**MONTANA ACCREDITATION APPLICATION
ASBESTOS RELATED OCCUPATIONS**

**Applicant's Name
Please Print or
Type**

_____ (Last Name) _____ (First Name) _____ (Middle Initial) _____ (Suffix: Jr., Sr., II)

_____ (Employer Name)

_____ (Employer or Primary Mailing Address)

_____ (City) _____ (State) _____ (Zip) _____ County

_____ (Primary Telephone Number)

_____ (E-Mail Address)

Comments _____

Mail Accreditation License To: Self Employer* Both **If Employer mailing address and primary mailing address are different, enter employer address in Comments.*

For **Original** and **Renewal** applications, please check appropriate boxes for occupations that you are seeking annual accreditation and **complete** the Course Date(s) and Course Provider(s) information with the initial course or most recent refreshers course information. **Renewals please provide MTA Number.** Incomplete applications will be returned.

Application		Asbestos Accreditation	Fee		Course Provider	Course Completion Date	Course Certificate Number	ID Number (DEQ Assigned for new applicants)	
Original	Renewal								
<input type="checkbox"/>	<input type="checkbox"/>	Inspector	\$200					MTA-	IN
<input type="checkbox"/>	<input type="checkbox"/>	Management Planner	\$200					MTA-	MP
<input type="checkbox"/>	<input type="checkbox"/>	Project Designer	\$200					MTA-	PD
<input type="checkbox"/>	<input type="checkbox"/>	Project Contractor/Supervisor	\$200					MTA-	CS
<input type="checkbox"/>	<input type="checkbox"/>	Project Worker	\$200					MTA-	WK

- 1. MAXIMUM APPLICATION FEE: \$385 fee if applying for two or more accreditations on the same application.**
- 2. All applicants must attend refresher trainings from a Montana approved Training Provider regardless of current training. .**

I hereby certify that all submitted information is true and correct, and that I am familiar with all applicable accreditation requirements.

_____ (Signature) _____ (Date)

I give my authorization to the Department of Environmental Quality to include my name, address, and phone number on a list of asbestos-related occupations, to be released to the public, by signing below.

_____ (Signature) _____ (Date)

The time estimated to process and make a determination on a complete Asbestos-Related Occupation Accreditation Application is five to ten working days.

DEQ USE ONLY	ORG	ACCT	FUND
	494833	502701	02202
Fee Paid By: _____			
Amount Paid: _____			
Check Number: _____			
Receipt Number: _____			

You can apply online at
<https://app.mt.gov/asbestos/>