

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: Site Information Site Name: Site Address:		•	,
Site Name: Site Address: III. Applicable Regulatory Statute	Conti Mailir Conti	tractor: ing Address: tractor Contact:	
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:	Site I	Name:	
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Date Asbestos Project Contractor contacted with decision	Signa The a opera	sure, or Alternate Standard and Method for Clearing Asbesto protects public health and the environment): atture/Printed Name of MT Accredited Project Designer approval of alternate work procedures apply only to the rule(s) cite attor for which the request was submitted. All other project permit	MTA # / Expiration Date Date ted above and only to the specific project and
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DEQ USE ONLY

Date Received Amount Received Receipt Number Date Approved

Check Number

ORG 574836

ACCT 502703

Fund 02202