Training course approval applications are only accepted October 01 to November 15 and must include fee.

MONTANA APPLICATION FOR ASBESTOS TRAINING COURSE APPROVAL

Applicant – Registered Business Name

Course Director signature:

___________________________________________________________

(Date)

Amount Received

________________________

________________________

Applicant

–

Registered Business Name

Course Director signature:

Receipt Number

________________________

________________________

Check Number

________________________

________________________

ORG

ACCT

FUND

494836

502703

02202

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations, I certify that the training described in this submission complies with all applicable requirements of title II of TSCA, 40 CFR part 763, Appendix C to subpart E, as revised, and any other applicable Federal, state, or local requirements.

Release training approval status to Public?

Circle choice

Yes

No

1. Title of Course
   (Check ONLY one discipline and one course type per application)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Course Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor/Supervisor</td>
<td>Initial</td>
</tr>
<tr>
<td>Inspector</td>
<td>Initial</td>
</tr>
<tr>
<td>Management Planner</td>
<td>Initial</td>
</tr>
<tr>
<td>Project Designer</td>
<td>Initial</td>
</tr>
<tr>
<td>Worker</td>
<td>Initial</td>
</tr>
</tbody>
</table>

2. Type of Application: (Please check appropriate box)

- Original Course Approval Fee: ............... $2,000.00
- Renewal fee for each Initial course type: $300.00
- Renewal fee for each Refresher course type: $200.00

3. Please provide the following: (Please check if provided)

- 1. A detailed curriculum outline
- 2. A copy of the course examination (do not send electronically).
- 3. A copy of all written course materials.
- 4. A list of titles for all audio/visual course materials and, where possible, hard copy for all visual materials.
- 5. A copy of an unused or blank certification of satisfactory completion form.
- 6. A list of proposed instructors and documentation of the instructor’s qualifications, including accreditation number.
- 7. A description of hands-on training to be used in the course.
- 8. A course schedule indicating time allotted and the instructor for each subject.
- 9. Documentation of EPA course approval or other states approval, if applicable.
- 10. Documentation of examination security.

MAIL TO: Montana Department of Environmental Quality
         Waste & Underground Tank Management Bureau
         Asbestos Control Program
         1520 East 6th Ave
         P.O. Box 200901
         Helena MT 59620-0901 Telephone: (406) 444-5300

E-MAIL TO: DEQACPONLINE@MT.GOV
           No Course Examinations

Last Update: 07/24/2020 ALL PREVIOUS FORMS OBSOLETE

Steve Bullock, Governor I Shaun McGrath, Director I P.O. Box 200901 I Helena, MT 59620-0901 I (406) 444-2544 I www.deq.mt.gov