



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

**MONTANA ACCREDITATION APPLICATION  
ASBESTOS RELATED OCCUPATIONS**

<b>DEQ USE ONLY</b>	<b>ORG</b>	<b>ACCT</b>	<b>FUND</b>
	494833	502701	02202
Fee Paid By:			
Amount Paid:			
Check Number:			
Receipt Number:			

**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)

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

**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

- MAXIMUM APPLICATION FEE: \$385 fee if applying for two or more accreditations on the same application.**
- 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.