



# ASBESTOS CONTRACTOR LICENSE APPLICATION

## HOW TO APPLY

Complete the application form in black or blue ink only. Only originals will be accepted. **Allow 2-4 weeks for processing.**

Include a \$110\* licensing fee in the form of a business check, cashier's check, or money order made payable to the Minnesota Department of Health. **There is a service fee for returned checks.**

\* - **Beginning July 1, 2009**, includes a 10% surcharge per Laws of Minnesota 2009, Chapter 101, Article 2, Section 59.

Mail to: Minnesota Department of Health, Asbestos/Lead Compliance Unit, PO Box 64497, St. Paul, MN 55164-0497. Questions? Call 651-201-4620 or visit our website at: [www.health.state.mn.us/asbestos](http://www.health.state.mn.us/asbestos)

1. Select one of the following application types

- Initial license
- Re-licensing

2. Check here to be listed on Minnesota Department of Health's web site for

- Consultant (air monitoring)
- Commercial Contractor (asbestos abatement)
- Residential Contractor (asbestos abatement)

3. Company Name \_\_\_\_\_

4. Business Address \_\_\_\_\_

5. City/State/Zip \_\_\_\_\_ 6. County \_\_\_\_\_

7. Name of Business Contact \_\_\_\_\_

8. Business Phone # \_\_\_\_\_ 9. Fax # \_\_\_\_\_

10. E-mail Address \_\_\_\_\_

11. Minnesota Tax # \_\_\_\_\_ 12. Federal Employer # \_\_\_\_\_  
(Required by MN Statutes, §270C.72)

13. Workers Compensation Insurance (Complete A OR B)

A. Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

B. If not required as stipulated in MN Statutes §176, state why the company is not liable \_\_\_\_\_

14. Is the company licensed, certified or registered in another state for asbestos work? Yes  No

15. Has the company had any asbestos license, certification or registration denied, suspended or revoked? Yes  No

16. Responsible Individual's Name \_\_\_\_\_ Signature \_\_\_\_\_

17. Responsible Individuals MN Asbestos Supervisor Number \_\_\_\_\_ Date \_\_\_\_\_

18. I declare that all the information I have provided is true and complete and that I have read and understand the department's Tennessee Warning. I understand that submitting false information is grounds for denying, suspending, revoking or taking other disciplinary action against this license as specified in Minnesota Statute §144.992. The Tennessee Warning is available from the department's website at <http://www.health.state.mn.us/divs/eh/asbestos/forms/index.html> or by calling 651-201-4620.

Company Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To obtain a copy of this document in an accessible format (electronic ASCII text, Braille, large print, or audio), please call 651-201-4620. Consumers with hearing or speech disabilities may reach us by calling MDH TTY at 651-201-5797.