



ASBESTOS TRAINING COURSE PERMIT APPLICATION

HOW TO APPLY

Complete this form in black or blue ink only. Only originals will be accepted.

Initial applications must be received at least 60 days before course start date. Renewal applications must be received 30 days before course full approval/permit expiration date.

ANSWER ALL QUESTIONS COMPLETELY AND CORRECTLY.

Review of application will not begin until all required items have been received.

Include a nonrefundable fee in the form of a business check, cashiers check or money order (no cash or personal checks accepted) made payable to the MN Department of Health.

Fees: \$500 for an initial permit
\$250 for a permit renewal

There is a service fee for returned checks

INCLUDE WITH INITIAL APPLICATIONS:

- Course curriculum, showing time tables for each subject
- Student manual, other than the Minnesota standardized worker manual, with integrated Minnesota regulations
- Copies of overheads, handouts, etc.
- Course examination and key
- Instructors' resumes
- Sample of course diploma

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

1. Indicate the type of permit and discipline you are applying for:

- | | | | |
|-------------|---|---|---------------------------------------|
| Permit: | <input type="checkbox"/> Initial | <input type="checkbox"/> Renewal | |
| Course: | <input type="checkbox"/> Initial | <input type="checkbox"/> Refresher | |
| Discipline: | <input type="checkbox"/> Worker | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Inspector |
| | <input type="checkbox"/> Project Designer | <input type="checkbox"/> Management Planner | <input type="checkbox"/> Air Sampling |

2. Previous full approval or permit expiration date _____

3. Company name _____

4. Street Address _____

5. City, State, Zip _____ 6. County _____

7. Telephone Number _____ 8. Fax Number _____

9. Contact Person _____

10. Minnesota Tax # _____
 (Required by MN Statutes, §270C.72)

11. Workers Compensation Insurance (Complete A OR B)

A. Insurance Company _____ Policy Number _____

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

12. Is this course approved in another state? Yes No

State	Approval Number	State	Approval Number

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

Under Minnesota Statutes, section 13.41, information you provide on this application is private data until the time you are permitted. Once you are permitted, the information becomes public data and will be part of the department's permanent file.

 Name of training provider's authorized representative (please print)

 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 651-201-5797.