



# Asbestos Training Course Permit Application

## Instructions

### NOTICE:

- Please send separate payments for lead and asbestos application fees.
- MDH cannot process payments that combine fees for lead and asbestos.
- MDH will return applications submitted with payments that combine fees for asbestos and lead.

Fill in the application in black or blue ink only.

**For an initial permit application allow 60 days for processing and course material review.**

**For a renewal permit application allow 30 days for processing and course material review.**

Include a business check, cashier's check or money order payable to Minnesota Department of Health (MDH).

**No cash or personal checks accepted.**

**A service fee is charged for returned checks.**

**All fees are nonrefundable**

- **\$500** fee for an initial training course permit
- **\$250** fee for a renewal training course permit

Include with all **initial** applications the following course materials:

- The course curriculum;
- The instructor and trainee manuals;
- Copies of slide show presentations, handouts, DVDs, etc.;
- Course examination and key
- The principal instructors, and all other instructors' resumes.

Mail to

Minnesota Department of Health  
Asbestos/Lead Compliance Unit  
PO Box 64497  
St Paul, MN 55164-0497

For questions or more information, call 651-201-4620 or visit the [MDH website](http://www.health.state.mn.us/divs/eh/asbestos/index.html) (<http://www.health.state.mn.us/divs/eh/asbestos/index.html>)

## *Tennessee Warning*

### **For individuals applying for MDH credentials**

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

### **For companies applying for an MDH credential**

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

### **For all applicants**

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.



## Asbestos Training Course Permit Application

### Permit Information

Check only **ONE** permit type:

- Initial permit  Renewal permit

Check only **ONE** course type:

- Initial course  Refresher course

Check only **ONE** discipline:

- Worker  Supervisor  Inspector  
 Management Planner  Project Designer  Air Sampling

### Training Provider Information

Training Provider Name: \_\_\_\_\_

Minnesota Business ID # (Required by MN Statutes, §270C.72): \_\_\_\_\_

Federal Employee ID # (Required by MN Statutes, §270C.72): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Business Contact Name: \_\_\_\_\_

### Workers Compensation Insurance Information

(Check and fill in only A or B)

**A. Company has Workers Compensation Insurance**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Start Date (MM/DD/YYYY) \_\_\_\_\_ End Date (MM/DD/YYYY) \_\_\_\_\_

**B. Company is exempt from Workers Compensation Insurance requirement by MN Statutes §176**

Reason for exemption (check only one):

- I have no employees OR I have no employees working in Minnesota
- I am self-insured
- I have no employees who are covered by the workers compensation law

## Signature

I provided true and complete information. I understand MDH's Tennessen Warning, available on page 2. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this permit.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM/DD/YYYY

*To obtain this information in a different format, call: 651-201-4620.*