



ASBESTOS CONTRACTOR LICENSE APPLICATION

North Dakota Department of Health
Asbestos Control Program
SFN 16611 (03/11)

APPLICATION REQUIREMENTS:

1. A check or money order payable to the North Dakota Department of Health in the amount of \$150.
2. Send the application to:

North Dakota Department of Health
Division of Air Quality, 2nd Floor
918 East Divide Avenue
Bismarck, ND 58501-1947
Phone: (701) 328-5188
Fax: (701) 328-5185

| OFFICE USE ONLY | |
|-----------------------------|-------|
| Do not write in this space. | |
| Check Number | _____ |
| Check Amount | _____ |
| Date Approved | _____ |
| Approved By | _____ |
| License Number | _____ |

Business Information:

| | | | |
|--|-----|-------------------------|--|
| Name of Business | | Business Contact Person | |
| Business Address | | City | |
| State | Zip | Telephone Number | |
| Has this business ever had a ND Asbestos Abatement Contractor License? <input type="checkbox"/> No <input type="checkbox"/> Yes - license number _____ | | | |
| Has this business ever had any asbestos license application denied, or any asbestos license suspended or revoked by a state, federal, or local government agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach additional information explaining the suspension/revocation. | | | |
| If applicable, on additional sheets explain all asbestos related enforcement actions taken against your business by a state, federal, or local government agency during the past two years. | | | |
| Registration with the ND Secretary of State is required before a ND Asbestos Abatement Contractor License can be issued. Is this business registered with the ND Secretary of State? <input type="checkbox"/> No <input type="checkbox"/> Yes, ID# _____ For more information on registration, contact the ND Secretary of State Business Information/Registration Division at (701) 328-4284. | | | |
| If your business performs asbestos removal, a ND Contractor License is required before a ND Asbestos Abatement Contractor License can be issued if the cost, value, or price per job exceeds the sum of \$2000. Does your business require a ND Contractor License? <input type="checkbox"/> No <input type="checkbox"/> Yes, ID# _____ For more information about the ND Contractor License requirements, contact the ND Secretary of State Administrative/Licensing Division at (701) 328-3665. | | | |

Services Performed by the Business:

| | | |
|---|----------------------------|-------------------------------------|
| Check the appropriate service(s) your business provides and supply the name of one employee of the company certified in North Dakota to perform that service. | | |
| <input type="checkbox"/> Asbestos Removal (Includes repair, encapsulation & enclosure) | Name of Supervisor | Certificate No. and Expiration Date |
| <input type="checkbox"/> Asbestos Inspection | Name of Inspector | Certificate No. and Expiration Date |
| <input type="checkbox"/> Asbestos Management Planning | Name of Management Planner | Certificate No. and Expiration Date |
| <input type="checkbox"/> Asbestos Project Design | Name of Project Designer | Certificate No. and Expiration Date |
| <input type="checkbox"/> Asbestos Project Monitoring | Name of Project Monitor | Certificate No. and Expiration Date |

Certification:

| | |
|--|-------|
| The application must be signed by the owner, president, chairman of the board, or chief executive officer of the business. I certify that the information included with this application is true and accurate. | |
| Name (printed) | Title |
| Signature | Date |