

ASBESTOS CERTIFICATION APPLICATION NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WASTE MANAGEMENT SFN 16610 (5-2025)

GENERAL REQUIREMENTS – The following items must accompany this application:

 An unaltered copy of the applicant's original training certificate received after successful completion of an AHERA-accredited training course. Include all initial and refresher certificates for your certification. <u>Do not send original training certificates</u>. If an individual does not satisfy the refresher training in their respective discipline within two years of the date of the initial training or last refresher training, then the individual will need to complete the initial training requirements to re-establish certification.

The Department will accept in-person training course completion certificates for initial and refresher training. In addition, refresher training completion certificates may be accepted if the course is attended by live remote learning, using an application such as Teams or Zoom, and approved by the Department.

- 2. A check or money order payable to the North Dakota Department of Environmental Quality in the amount of \$50 per discipline. The fee is non-refundable. The \$50 fee is waived for public employees. **Please allow 10 working days for processing.**
- 3. Send the application to:

North Dakota Department of Environmental Quality Division of Waste Management 4201 Normandy Street, 2nd Floor Bismarck, ND 58503-1324

| OFFICE USE ONLY Do not write in this space | | |
|---|------------|--|
| Public Employee | 🗌 Yes 🗌 No | |
| Check Number _ | | |
| Check Amount _ | | |
| Date Received _ | | |
| Date Approved _ | | |
| Approved by _ | | |
| | | |

| Name (Last, First, Middle |) | | | |
|---|--------------------------------------|---------------------|---------------------------|--|
| Home Street Address | | | | |
| City | State | Zip | Home Telephone Number | |
| Date of Birth (Month/Day/Year) | | Social Security Nur | Social Security Number | |
| Employer | | | | |
| Employer Address | | | | |
| City | State | Zip | Employer Telephone Number | |
| Are you a citizen of the Unites States of America? | | | | |
| If no, what is your Alien Registration Number? | | | | |
| Have you ever been certified in North Dakota before? | | n Number 🗌 No | | |
| Check the discipline(s) fo | r which you are applying certificati | on. | | |
| 1. Asbestos Abateme | nt Worker | Initial | Recertification | |
| 2. Asbestos Abateme | nt Supervisor | Initial | Recertification | |
| 3. Asbestos Inspector | | Initial | Recertification | |
| 4. Asbestos Managen | nent Planner | Initial | Recertification | |
| 5. Asbestos Abateme | nt Project Designer | Initial | Recertification | |
| 6. Asbestos Abateme | nt Project Monitor* | Initial | Recertification | |
| *In North Dakota, as a Project Monitor, you must also be certified as an Asbestos Abatement Supervisor or an Asbestos Abatement Project Designer. You must include a copy of your NIOSH 582 or equivalent course certificate with your initial application. | | | | |
| Leartify that the information | on included with this application is | true and ecourate | | |
| Signature | on included with this application is | | Date | |