

ASBESTOS CONTRACTOR LICENSE APPLICATION

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WASTE MANAGEMENT SFN 16611 (6-2024)

APPLICATION REQUIREMENTS:

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

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

Phone: (701) 328-5166 (701) 328-5200 Fax:

OFFICE USE ONLY Do not write in this space.		
Check Number		
Check Amount		
Date Received		
Date Approved		
Approved By		

License Number

Business Information:

Name of Business		Business Contact Pe	erson	
Business Address		City		
State	ZIP Code		Telephone Number	
Has this business ever had a ND Asbestos Abatement Contractor License? No Yes, License No.:				
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? No 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? 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 \$4000.00.				
Does your business require a ND Contractor License? No Yes, License No.: For more information about the ND Contractor License, contact the ND Secretary of State.				
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.				
Asbestos Removal (Includes repair, encapsulation & enclosure	Name of Supervisor	or	Certificate No. and Expiration Date	
Asbestos Inspection	Name of Inspector		Certificate No. and Expiration Date	
Asbestos Management Planning	Name of Managem	nent Planner	Certificate No. and Expiration Date	
Asbestos Project Design	Name of Project D	esigner	Certificate No. and Expiration Date	
Asbestos Project Monitoring	Name of Project M	onitor	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		
rame (prince)			
Signature	Date		