

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM  
**ASBESTOS BUSINESS EXEMPTION APPLICATION**

**GENERAL INSTRUCTIONS**

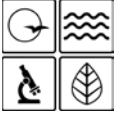
Firms desiring exemption status to carry out asbestos control work in Missouri must provide all of the information requested in this application in order to comply with the requirements of Chapter 643 RSMo and Missouri state rules 10 CSR 10-6.241 and 10 CSR 10-6.250. Any failure to complete the form, sign the authentication statement, or submit the required \$250 exemption fee (by check or money order made payable to the Missouri Air Pollution Control Program) will delay issuance of an exemption. The \$250 exemption fee is a non-refundable one-time fee.

A person may be exempted from registration, certification, and certain notification requirements provided the person conducts asbestos projects solely at the person's own place of business as part of normal operations in the facility and also is subject to the requirements and applicable standards of the EPA and U.S. Occupational Safety and Health Administration 29 CFR 1926.1101. This exemption shall not apply to asbestos abatement contractors, to those subject to the requirements of Asbestos Hazard Emergency Response Act, and to those persons who provide a service to the public in their places of business as the economic foundation of the facility.

Where a subpart of this application indicates that a separate sheet is to be used to provide the requested information, it is to be provided on the supplemental forms (or reproductions) that are attached.

Completed application forms and the exemption fee are to be mailed to the following address:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM (ASBESTOS)  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM  
**ASBESTOS BUSINESS EXEMPTION APPLICATION**

FOR APCP USE ONLY	
DATE RECEIVED	CHECK DATE
CHECK NUMBER	CHECK AMOUNT

**PART A GENERAL INFORMATION**

1. NAME OF FIRM		2. TELEPHONE NUMBER WITH AREA CODE	
3. MAILING ADDRESS STREET			
CITY		ZIP CODE	
4. TYPE OF ORGANIZATION <input type="checkbox"/> PRIVATE <input type="checkbox"/> UTILITY <input type="checkbox"/> LOCAL GOVERNMENT <input type="checkbox"/> STATE GOVERNMENT <input type="checkbox"/> FEDERAL GOVERNMENT			
5. PRINCIPAL ACTIVITY AND PRODUCTS MANUFACTURED			
6. LIST WHAT ASBESTOS ABATEMENT PROJECTS CONSTITUTE NORMAL OPERATIONS IN YOUR FACILITY			

**PART B TRAINING COURSE**

The following questions refer to the training you provide your employees to meet the requirements in Chapter 643 and the department asbestos regulations. Use supplemental pages as necessary.

1. TYPE OF ASBESTOS ABATEMENT PROJECT
<b>Note:</b> for each type of project, make a separate entry.
2. INSTRUCTOR'S NAME, EXPERIENCE, EDUCATION, AND QUALIFICATIONS AND HOW THEIR EXPERTISE ENABLES THEM TO TEACH THIS SECTION OF THE COURSE.
3. MAXIMUM NUMBER OF STUDENTS TO BE TRAINED IN EACH PRESENTATION OF THE TRAINING OR REVIEW COURSE.
4. SPECIFIC OBJECTIVES FOR THE COURSE

5. LIST THE NAMES AND AUTHORS OF ANY AUDIO-VISUAL MATERIAL TO BE USED, AND INCLUDE COPIES OF THE WRITTEN MATERIALS TO BE USED.

6. DESCRIBE THE METHOD OF INSTRUCTION AND TRAINING AIDS FOR EACH UNIT OF TRAINING, (LECTURE, DEMONSTRATION, SIMULATION, SLIDE PRESENTATION, FILMSTRIP, ETC.)

7. INDICATE THE LENGTH OF TIME TO BE SPENT ON EACH UNIT OF TRAINING.

8. EXPLAIN HOW STUDENTS WILL BE EVALUATED FOR PASSAGE OF THE TRAINING COURSE. IF AN EXAMINATION IS GIVEN, INCLUDE A COPY OF THE EXAMINATION.

9. INDICATE THE NAME (S) AND QUALIFICATIONS OF THE PERSON (S) RESPONSIBLE FOR THE FIRM'S RESPIRATORY PROTECTION PROGRAM.

### PART C AUTHENTICATION

NOTE: The following statement must be signed by the responsible officer of the business entity.

I hereby certify that the information included in this application and any supplemental information attached to it is true to the best of my knowledge and understanding.

I further certify that I understand that exemption status issued pursuant to this application may be denied, revoked, or suspended for failure to comply with Chapter 643 RSMo and Missouri state rules 10 CSR 10-6.241 and 10 CSR 10-6.250.

SIGNED	DATE
PRINT OR TYPE NAME.	TITLE

NAME OF FIRM
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**PART D SUPPLEMENTAL INFORMATION**

Complete a separate form for each subpart and indicate subpart number (example, Part C, question 2) in the space indicated. Also, consecutively number each additional page.

SUBPART NUMBER

PAGE NUMBER