



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 AIR POLLUTION CONTROL PROGRAM  
**ASBESTOS CONTRACTOR REGISTRATION APPLICATION**

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

**GENERAL INSTRUCTIONS**

Persons desiring to register with the Department of Natural Resources to perform asbestos projects in the state of Missouri must provide all the information requested in this application in order to comply with the requirements of the Missouri Air Conservation Law Chapter 643 RSMo and 10 CSR 10-6.241. Failure to complete, sign and notarize this application or to submit the required fee of \$1,000 will delay registration. Registration must be renewed annually. Make checks payable to Missouri Air Pollution Control Program. Allow two months for review and processing of this application. Type or legibly print all information requested on this form. Where a separate sheet is required to provide information requested, the supplemental form (or copies thereof) shall be used.

**Completed applications and registration fee are to be mailed to:**

Missouri Department of Natural Resources  
 Air Pollution Control Program (Asbestos)  
 P.O. Box 176  
 Jefferson City, MO 65102

Renewal  New Registration

1. COMPANY NAME

2. MAILING ADDRESS (NUMBER AND STREET/P.O. BOX NUMBER)

CITY

STATE

ZIP CODE

3. PHYSICAL LOCATION (IF DIFFERENT FROM ABOVE)

4. BUSINESS TELEPHONE NUMBER WITH AREA CODE

FAX NUMBER

5. CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

6. DO ANY OF THE PRINCIPALS OF YOUR COMPANY NOW, OR DID THEY IN THE PAST THREE YEARS, OWN OR OPERATE OTHER ASBESTOS CONTRACTING COMPANIES?

Yes  No If "Yes", list the name and address of each company:

7. LIST ALL STATES IN WHICH YOU ARE REGISTERED OR LICENSED AS AN ASBESTOS ABATEMENT CONTACTOR, PLEASE USE TWO LETTER ABBREVIATIONS

8. NUMBER OF ASBESTOS PROJECTS PERFORMED IN MISSOURI IN THE PAST CALENDAR YEAR

9. NUMBER OF ASBESTOS PROJECTS PERFORMED NATIONWIDE IN THE PAST CALENDAR YEAR

10. LIABILITY INSURER

ADDRESS

TELEPHONE NUMBER WITH AREA CODE

11. SUMMARY OF INSURANCE COVERAGE

12. LIST ALL CITATIONS OR NOTICES OF SUBSTANTITIVE VIOLATIONS OF ASBESTOS RELATED LAWS OR REGULATIONS RECEIVED IN THE PAST THREE YEARS FROM ANY FEDERAL, STATE OR LOCAL AGENCY. INCLUDE DATE ISSUED, NATURE OF VIOLATION AND RESOLUTION FOR EACH

13. LIST ALPHABETICALLY NAMES AND MISSOURI CERTIFICATE NUMBERS FOR ALL ON-SITE SUPERVISORY PERSONNEL CURRENTLY EMPLOYED

14. LIST ALPHABETICALLY NAMES AND MISSOURI CERTIFICATE NUMBERS FOR ALL ASBESTOS ABATEMENT WORKERS CURRENTLY EMPLOYED

Provide a detailed description of how your employment policies meet OSHA training and safety standards as set forth in 29 CFR 1926.1101. Training materials distributed to employees may be submitted in lieu of written description.

15. MEDICAL SURVEILLANCE PROGRAM FOR ASBESTOS PERSONNEL

16. RESPIRATORY PROTECTION POLICY FOR ASBESTOS PERSONNEL

17. DESCRIBE TYPE OF PROTECTIVE CLOTHING PROVIDED TO WORKERS

18. List manufacturer, type (model number), serial number, purchase date and number of units owned for each of the following types of equipment (substitute approval number with a prefix of tc-21c, for serial number for personal respirators).

HEPA FILTERED EXHAUST VENTILATION UNITS ("NEGATIVE AIR MACHINES")

HEPA FILTERED VACUUM CLEANING DEVICES ("HEPA VACS")

HEPA FILTERED LARGE EXTERNAL VACUUM UNITS ("SUPER SUCKERS")

NEGATIVE PRESSURE AIR-PURIFYING RESPIRATORS

POWERED AIR-PURIFYING RESPIRATORS

**AUTHENTICATION**

**The following statement must be signed by the chief executive of the business entity applying for registration.**

I hereby certify 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 I understand any registration issued pursuant to this application may be denied, revoked or suspended for failure to comply with any work practice or other requirement established under state law or regulation.

SIGNATURE

DATE

PRINT OR TYPE NAME

NAME OF FIRM

NOTARY PUBLIC EMBOSSER SEAL

STATE OF

MY COMMISSION EXPIRES

COUNTY

DATE SUBSCRIBED AND SWORN BEFORE ME

USE RUBBER STAMP HERE

NOTARY PUBLIC SIGNATURE

NOTARY PUBLIC NAME (TYPED OR PRINTED)

Duplicate this page as necessary to complete the application. Consecutively number each additional page at the top of this page.

ITEM NUMBER

PAGE NUMBER