



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

Anyone wanting to register with the Missouri 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 submit a signed and notarized application or failure to submit the required \$2,650 fee will delay registration. Registration must be renewed annually. Make check payable to the department's Air Pollution Control Program. Allow one month for review and processing of this application. Type or legibly print all information requested on this form. Include supplemental information with this application, if needed.

Mail completed application and registration fee 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 WITH AREA CODE

5. CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

EMAIL

CONTACT PERSON

TELEPHONE NUMBER WITH AREA CODE

EMAIL

6. DURING THE PAST THREE YEARS, HAVE ANY OF THE COMPANY'S PRINCIPALS OWNED OR OPERATED 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. 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 (INCLUDING PROJECTS IN MISSOURI)

10. LIABILITY INSURER

ADDRESS

TELEPHONE NUMBER WITH AREA CODE

11. SUMMARY OF INSURANCE COVERAGE

12. LIST ALL CITATIONS OR NOTICES OF SUBSTANTIVE 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 a written description.

15. MEDICAL SURVEILLANCE PROGRAM FOR ASBESTOS PERSONNEL

16. RESPIRATORY PROTECTION POLICY FOR ASBESTOS PERSONNEL

17. 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 numbers 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 that the information included in this application and any supplemental information attached is true to the best of my knowledge and understanding.

I further certify that 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'S EMBOSSEER SEAL

STATE OF

MY COMMISSION EXPIRES (mm/dd/yyyy)

COUNTY

DATE SUBSCRIBED AND SWORN BEFORE ME

USE RUBBER STAMP HERE

NOTARY PUBLIC'S SIGNATURE

NOTARY PUBLIC'S NAME (printed)