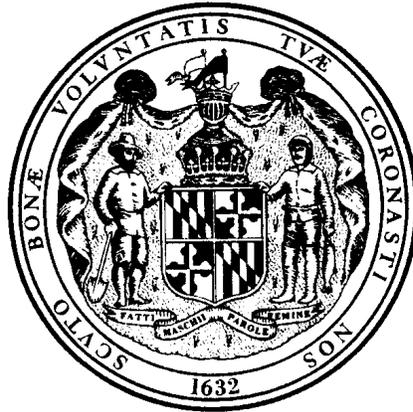


**APPLICATION PACKAGE
FOR LICENSE
TO REMOVE/ENCAPSULATE
ASBESTOS IN THE STATE OF MARYLAND**

[This package contains the application form, Schedules I, II and III, COMAR 26.11.21, Control of Asbestos Regulations (as amended August 24, 1998), NESHAP 40 CFR Part 61, Subpart M, Asbestos Regulations (as amended November 20, 1990)], and Maryland-Approved Asbestos Training Courses.]



AUGUST 1998

**MARYLAND DEPARTMENT OF THE ENVIRONMENT
AIR & RADIATION MANAGEMENT ADMINISTRATION**



**Maryland Department of the Environment
Division of Asbestos Licensing & Enforcement
1800 Washington Blvd. STE 725
Baltimore, Maryland 21230--1720
410-537-3200 FAX: 410-537-3924**

This is not an official version of the regulations. The official version is published by the Division of State Documents in the Code of Maryland Regulations (COMAR) and in the Maryland Register. NESHAP regulations are published in the Code of Federal Regulations (CFR) and in the Federal Register. This unofficial version is provided as a courtesy only.

Application Notes

Important Information Concerning Maryland's Asbestos Licensing

- Renewal applications must be submitted not sooner than 90 and no later than 30 days before current license expires. if expired, submit as "late renewal".
- Business entities may be required to provide proof of the current status of their firm, corporation, business concern, etc. And must supply documentation to MDE upon request.
- If you are an out-of-state company but have a local office that will oversee the daily operation of Maryland projects, please be sure to provide that address for the computer database. This will ensure that information is disseminated to appropriate individuals and offices.
- **Please provide your workers' compensation policy binder number _____ or a copy of a certificate of compliance with Maryland Workers' Compensation Act (Environment Article, § 1-202). Without this, we will not issue a license to remove/encapsulate asbestos. If you have any questions, please call Workman's Compensation Commission at 410-864-5100 or 800-492-0479.**
- You must answer all questions completely on the application form, including schedules I, II and III. Failure to provide all of the information requested in this application will delay the review and approval process. Do not submit your company's work practices manual in response to the information requested in this application. It will be discarded and your application considered incomplete.
- You must be familiar with, and understand, both COMAR and NESHAP regulations. [COMAR (code of Maryland regulations 26.11.21. Control of asbestos and NESHAP (national emission standards for hazardous air pollutants) 40 CFR 61, subpart m, asbestos regulations]. You are responsible for applying those regulations in daily asbestos-related activities.
- Application fee is based on the number of workers you employ at the time of application **or** number used during the previous license year. If you have paid less than the maximum fee and use additional workers any time during the license year, applicable fees must be paid to the department **before** those workers can perform asbestos work in Maryland.
- Be sure to enclose a **company check, certified check, cashier's check or money order** (no personal checks, no cash, nor credit cards) with your application.
- You may not conduct asbestos removal or encapsulation activities in Maryland without a valid and current asbestos contractor's license.
- Mail completed form, schedules I, II and III, and required fee to:

Department of the Environment
P.O. Box 2037
Baltimore MD 21203-2037
- No fax transmission of any asbestos-related documents will be accepted. [This includes the application form, attachments, and/or additions to the application form, project notifications, waste manifests (disposal receipts), final air results, exemption (variance) requests, etc.] Faxed documents will be discarded.
- Notify this office in writing of any address change for your company at any time during the license year for the computer database. Revised licenses cannot be issued for address changes. Address corrections on the license can only be made at the time a renewal license is issued.

APPLICATION FOR LICENSE TO REMOVE / ENCAPSULATE ASBESTOS IN THE STATE OF MARYLAND

Type of Application New Renewal* Late Renewal*

*Current License Expires or Expired ____ / ____ / ____		*License Number M ____ - ____ - ____	
-- MDE USE ONLY --	PCA 13706 OBJECT 5637	SUFFIX 701	Cash Receipt No.
Timely Renewal Yes ___ No ___	Date Received	Check No.	Amount \$
1. Business Entity or public unit name [AS IT IS TO APPEAR ON LICENSE] <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> <input type="checkbox"/> Check here if new name and enter former name:			
2a. Licensee (Company or Corporate) Mailing Address <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>		3. Maryland County of Licensee	E-Mail Address
Check if you want to receive expiration notice and renewal application via e-mail <input type="checkbox"/> Yes <input type="checkbox"/> No			
2b. Licensee (Company or Corporate) Street Address [<i>License will not be issued to PO Box; provide street address below</i>] <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>			
2c. Local Mailing Address (i.e. office of daily operations for <i>Maryland</i> projects. (Please state "None" or "Same", if applicable.) <div style="border-bottom: 1px solid black; width: 100%; margin-top: 5px;"></div>			
4. Primary business activity (eg asbestos contractor, general contractor, plumber, etc.)		5. Federal Tax ID #	
6a. Licensee contact person _____		7a. Licensee telephone _____	
6b. Local contact person _____		7b. Local telephone _____	
8. Do you request approval for interim storage of asbestos waste? (<i>contingent upon Department approval</i>) No Yes If yes, you must provide the information below:			
a) Address of interim storage site:		<div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
<i>[indicate building, trailer, room, etc. below]:</i>			
b) Specific location:		<div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
c) Provisions made to secure site:		<div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	
9. How many workers will be involved in asbestos work in Maryland? <input style="width: 50px;" type="text"/>		10. Fee enclosed [check one] ___ \$125.00 (1-2 workers) ___ \$750.00 (3+ workers) ___ Exempt (public unit)	
Provide training information and training certificates for your supervisors and workers as indicated in Schedule I. See application notes regarding fees on preceding page.			
11. Pay fee by COMPANY CHECK, CERTIFIED CHECK, OR MONEY ORDER ONLY made payable to <i>Department of the Environment/Clean Air Fund (No personal checks or cash.)</i>			
12. Do you want your Company name included on a list (for public distribution) of contractors willing to undertake residential asbestos abatement? <i>NOTE: Your Company name will not be included unless a positive response is indicated here.</i> ___ Yes ___ No			
13. Signature of chief executive officer or designee [ORIGINAL SIGNATURE REQUIRED]		Name (printed or typed)	Title
14. Person completing application (printed/typed)		Title	Telephone
			Date

APPLICATION FOR LICENSE TO REMOVE/ENCAPSULATE ASBESTOS – Maryland Department of the Environment

SCHEDULE I

Business entity or public unit name _____

Application Date _____

List all employees on your payroll, at the time of application, who will be involved in any asbestos project. (Use additional sheets, if necessary). **SEE "APPLICATION NOTES" CONCERNING APPLICABLE FEES FOR ADDITIONAL WORKERS NOT INCLUDED IN THIS APPLICATION.**

Training Institutions must be Maryland-approved. [See list of approved training institutions included in this license application package. If you have questions concerning training institutions not included on the approved list, call (410) 537-3801].

Employee's Full Name	Employee's Social Security Number	Date Employee's Certification EXPIRES	Name & Location of Training Institution(s) Attended	Check () Type*		
				Wrkr	Supv *	O & M
1						
2						
3						
4						
5						
6						
7						

****You must have at least one 40-hour AHERA trained supervisor on your staff. You must attach a copy of each supervisor's training certificate to this application.***

APPLICATION FOR LICENSE TO REMOVE/ENCAPSULATE ASBESTOS – Maryland Department of the Environment

SCHEDULE II

Business entity or public unit name _____

Application Date _____

Your answers **MUST** specifically address August 24, 1998 COMAR and November 20, 1990 NESHAP regulations. **DO NOT** SUBMIT YOUR COMPANY'S WORK PRACTICES MANUAL. DIRECT QUOTATIONS OF COMAR AND/OR NESHAP REGULATIONS **ARE NOT** ACCEPTABLE. We require that you demonstrate your understanding of both Federal and Maryland regulations.

1. **WORKER PROTECTION REQUIREMENTS (Reference COMAR 26.11.21.05)** - Enter worker training information in Schedule I.

Brand name of protective clothing used:

RESPIRATOR INFORMATION: [YOU MUST HAVE AT LEAST PAPR PROTECTION FOR YOUR WORKERS.]

	BRAND NAME	MODEL NUMBER	NIOSH TC NUMBER* of the Filter Cartridge
HALF-FACE			
FULL-FACE			
PAPR**			
TYPE C			

*NIOSH (National Institute of Occupational Safety and Health) TC Number (Training and Certification Number)

** Powered Air Purifying Respirator

2. **NOTIFICATION (Reference COMAR 26.11.21.03)** - On a separate page, briefly describe the notification required for NESHAP and non-NESHAP renovation projects, **ALL** demolition projects, and all encapsulation projects in Maryland. Include the requirements for revision of a NESHAP notification as outlined in 40 CFR, 61.145(b).

3. **CONTROL OF EMISSIONS (Reference COMAR 26.11.21.06 and .07)** - On a separate page, state the procedures you will use to meet posting requirements for Danger and Project Notification signs. Note that work site/project area refers to the BUILDING for the Project Notification Signs. Describe your Company's removal and encapsulation procedures. **YOUR COMPANY'S WORK PRACTICES MANUAL IS NOT ACCEPTABLE.** Be sure to make reference to 6 mil poly, amended water, critical barriers, the construction of full containment, negative pressure, and three-stage decontamination procedures in your description. **Exemptions:** Refer to COMAR 26.11.21.06B(1); note that written requests for the use of glovebags or other alternative procedures on NESHAP-sized jobs **MUST** be received and approved by MDE prior to initiating these procedures.

4. **CLEAN-UP, AIR MONITORING & FINAL AIR SAMPLE (Reference COMAR 26.11.21.06 and .07)** - On a separate page, describe your Company's clean-up and air monitoring procedures. Also refer to COMAR 26.11.21.06B(3) and note that final air sample results for all NESHAP renovations must be submitted within 24 hours of receipt. On a separate page, describe clean-up procedures you intend to follow if your final air sample result **IS EQUAL TO 0.01 fibers per cubic centimeter or greater.** Be sure to include wet wiping with amended water and HEPA vacuuming in your description.

5. **WASTE DISPOSAL & LABELING (Reference COMAR 26.11.21.08)** - On a separate page, explain the asbestos waste handling practices, including transport and disposal, your Company will use. Include a statement of your understanding that: (1) Waste from NESHAP jobs in Maryland require four labels (Waste Generator and Site Location [Reference 40 CFR Part 61.150] **AND** Maryland contractor license number and seal date [Reference COMAR 26.11.21.08A(2)]; and (2) A copy of all waste manifests must be submitted to MDE **WITHIN 10 DAYS** of disposal.

6. Mail, **DO NOT FAX**, project notifications, waste manifests, final air sample results and requests for alternative procedures to:

Maryland Department of the Environment
 Air & Radiation Management Administration
 Attention: Division of Asbestos Licensing & Enforcement
 1800 Washington Blvd., STE 725, Baltimore MD 21230-1720

APPLICATION FOR LICENSE TO REMOVE/ENCAPSULATE ASBESTOS – Maryland Department of the Environment

SCHEDULE III

Business entity or public unit name _____

Application Date _____

Provide a list of asbestos projects your Company has **CONDUCTED IN MARYLAND** in the past 12 months. (Use additional sheets, if necessary)

*Check here if your Company has **NEVER** performed asbestos work in Maryland and **DO NOT** continue with Schedule III*

Project Site	Start Date	End Date	Total Amount ACM Removed (in square/linear feet)	Number of Asbestos Workers on Project

**THIS PAGE RESERVED FOR CODE
OF MARYLAND REGULATIONS (COMAR)
26.11.21 CONTROL OF ASBESTOS...**

TO OBTAIN A COPY OF COMAR CONTACT:

Division of Asbestos Licensing & Enforcement
Maryland Department of the Environment
1800 Washington Blvd.
Baltimore MD 21230-1720

Telephone: 410-537-3200

E-Mail smanger@mde.state.md.us

OR <http://www.dsd.state.md.us>
(Division of State Documents)

**THIS PAGE RESERVED FOR NESHAPS
REGULATIONS 40 CFR 61, SUBPART M
(AMENDED NOVEMBER 20, 1990)**

TO OBTAIN A COPY OF THE NESHAPS CONTACT:

Division of Asbestos Licensing & Enforcement
Maryland Department of the Environment
1800 Washington Blvd., Suite 725
Baltimore MD 21230-1720

Telephone: 410-537-3200

Email: smanger@mde.state.md.us

OR <http://www.epa.gov/asbestos/200261CFR.pdf>

**THIS PAGE RESERVED FOR LIST OF
MARYLAND-APPROVED TRAINING
PROVIDERS**

TO OBTAIN A COPY OF THE NESHAPS CONTACT:

Division of Asbestos Licensing & Enforcement
Maryland Department of the Environment
1800 Washington Blvd., Suite 725
Baltimore MD 21230-1720

Telephone: 410-537-3200

Email: jlafon@mde.state.md.us

OR <http://www.mde.state.md.us/asbestos>