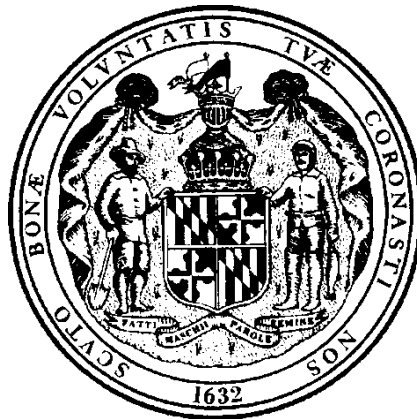


APPLICATION PACKAGE FOR CERTIFICATE TO CONDUCT ASBESTOS TRAINING IN THE STATE OF MARYLAND

[This package contains the application form, Schedules I, II and III, COMAR 26.11.23, Asbestos Accreditation of Individuals, & Approval of Training Courses (as amended August 24, 1998) and COMAR 26.11.21, Control of Asbestos Regulations (as amended



FY 2026

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



**Maryland Dept. of the Environment, Asbestos Division
1800 Washington Blvd, STE 725
Baltimore, Maryland 21230-1720
(410) 537-3200**

APPLICATION NOTES

IMPORTANT INFORMATION CONCERNING MARYLAND'S ASBESTOS TRAINING CERTIFICATION

- RENEWAL APPLICATIONS MUST BE SUBMITTED NOT SOONER THAN 90 AND NO LATER THAN 30 DAYS BEFORE CURRENT CERTIFICATE EXPIRES. DO NOT COMBINE NEW COURSE APPLICATIONS WITH RENEWAL APPLICATIONS. USE SEPARATE FORMS. *NEW APPLICATIONS REQUIRE A MORE DETAILED REVIEW PROCESS AND WILL DELAY RENEWAL COURSE APPROVALS IF CONTAINED ON THE SAME APPLICATION.*
- 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.
- APPLICATION FEES ARE DUE ON A YEARLY BASIS ON THE ANNIVERSARY DATE OF THE COURSE'S INITIAL TRAINING APPROVAL. ANNUAL **TRAINING APPROVAL** CERTIFICATES ARE ISSUED UPON REVIEW AND APPROVAL OF THE APPLICATION. TRAINING APPROVAL CERTIFICATES ARE VALID FOR ONE YEAR FROM THE EFFECTIVE DATE. INDIVIDUAL COURSES REMAIN SUBJECT TO AUDIT AND FINAL APPROVAL
- **PERSONAL CHECKS WILL NOT BE ACCEPTED AND YOUR APPLICATION WILL NOT BE PROCESSED.** MAIL **COMPANY CHECK, CERTIFIED CHECK OR MONEY ORDER**, AND COMPLETED APPLICATION FORM (pages 1 to 5 including SCHEDULES I, II AND III, AND ALL ATTACHMENTS) TO:

**DEPARTMENT OF THE ENVIRONMENT
PO Box 2037
BALTIMORE MD 21203-2037**

- SEND COURSE MATERIALS AT THIS TIME IF THIS IS AN INITIAL APPLICATION.
- NO FAX TRANSMISSION OF ANY ASBESTOS TRAINING APPLICATION WILL BE ACCEPTED. [This includes the application form, attachments, and/or additions to the application form]. FAXED DOCUMENTS WILL BE DISCARDED unless prior approval to fax has been granted.
- NOTIFY THIS OFFICE IN WRITING OF ANY ADDRESS CHANGE FOR YOUR COMPANY AT ANY TIME DURING THE CERTIFICATE YEAR FOR THE COMPUTER DATABASE. HOWEVER, PLEASE BE AWARE THAT REVISED CERTIFICATES WILL NOT BE ISSUED FOR ADDRESS CHANGES. ADDRESS CORRECTIONS ON THE CERTIFICATE CAN ONLY BE MADE AT THE TIME A RENEWAL CERTIFICATE IS ISSUED.
- IF THE CERTIFICATE CONTAINS AN OUT-OF-STATE ADDRESS AS YOUR COMPANY MAILING ADDRESS, AND YOU ALSO HAVE A "LOCAL" OFFICE *IN MARYLAND* THAT MAY OVERSEE THE DAILY OPERATION OF MARYLAND TRAINING, PLEASE BE SURE TO PROVIDE THAT ADDRESS FOR THE COMPUTER DATABASE. THIS WILL ENSURE THAT INFORMATION IS DISSEMINATED TO ALL APPROPRIATE INDIVIDUALS AND OFFICES.
- CHANGES TO APPROVED COURSE MATERIALS AND/OR CONTENT MAY NOT BE INCORPORATED INTO THE COURSE INSTRUCTION WITHOUT **PRIOR** APPROVAL FROM MDE. IN ADDITION, RESUMES FOR INSTRUCTORS NOT PREVIOUSLY APPROVED BY MDE MUST BE SUBMITTED FOR APPROVAL **PRIOR** TO THEIR CONDUCTING ANY MARYLAND-APPROVED ASBESTOS TRAINING.
- YOU MAY NOT CONDUCT MARYLAND-APPROVED ASBESTOS TRAINING ACTIVITIES WITHOUT A VALID AND CURRENT ASBESTOS TRAINING PROVIDER CERTIFICATE.
- TRAINING PROVIDERS ARE REQUIRED TO NOTIFY THE DEPARTMENT OF ALL TRAINING COURSE SCHEDULES AND THE LOCATIONS WHERE TRAINING WILL OCCUR AT LEAST 10 DAYS PRIOR TO THE BEGINNING OF THE COURSE. ANY CHANGES TO THAT SCHEDULE MUST ALSO BE SUBMITTED IN A TIMELY MANNER. FAILURE TO PROVIDE INFORMATION REQUIRED BY REGULATION MAY SUBJECT THE TRAINING PROVIDER TO ENFORCEMENT ACTION.
- TRAINING PROVIDERS ARE REQUIRED TO SUBMIT TO THE DEPARTMENT WITHIN 10 WORKING DAYS OF COMPLETION OF THE TRAINING COURSE A LIST OF STUDENTS TRAINED, THE DATES ON WHICH TRAINING OCCURRED, STUDENTS' TEST SCORES, AND COLOR PHOTO, ALONG WITH A COPY OF THE PHOTO IDENTIFICATION CARD ISSUED TO THE STUDENT.

MARYLAND DEPARTMENT OF THE ENVIRONMENT
 AIR & RADIATION MANAGEMENT ADMINISTRATION
 TELEPHONE (410) 537-3200

APPLICATION FOR CERTIFICATE TO CONDUCT MARYLAND-APPROVED ASBESTOS TRAINING

Type of Application New OR Renewal* Q	ENTER → Approval ID Number..... ENTER → Date of Renewal Notice: ____/____/____
DO NOT COMBINE NEW APPROVAL APPLICATIONS WITH RENEWAL APPLICATIONS...Use separate applications	

MDE USE ONLY	PCA 13729	OBJECT 5697	SUFFIX 711	Cash Receipt No.
Timely Renewal? Q Yes Q No	Date Received	Check No.	Amount \$	

1. Training Provider name [**AS IT IS TO APPEAR ON CERTIFICATE**]

 Q Check here if new name and enter *former* name: _____

2a. Certificate Holder (Company or Corporate) Mailing Address _____ _____	3. Maryland County of Certificate Holder	E-mail Address
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Check if you want to receive expiration notice and renewal application via e-mail Yes No

2b. Certificate Holder (Company/Corporate) Street Address [**Certificate will not be issued to PO Box; provide street address below**]

2c. *Local Mailing Address (i.e. office of daily operations for *Maryland* training issues. (Please state "None" or "Same", if applicable.)

4. Certificate Holder Contact Person	5. Telephone
6. *Local contact person _____ *Local telephone number _____	7. Federal Tax ID Number

8. Check all courses and fees that apply for THIS Application	INITIAL COURSE	REVIEW COURSE	FORWARD COMPANY CHECK, CERTIFIED CHECK OR MONEY ORDER made payable to Department of the Environment/Clean Air Fund and this APPLICATION (Pages 1 to 5 including Schedules I, II, III) to: Department of the Environment PO Box 2037 Baltimore MD 21203-2037
Inspector	Q 3 days	Q 1 day	
Management Planner	Q 2 days	Q 1 day	
Operations & Maintenance Q 1 Day Q 2 Day	Q No Fee	Q No Fee	
Project Designer	Q 3 days	Q 1 day	
Foreign Language Worker	Q 4 days	Q 1 day	
Supervisor	Q 5 days	Q 1 day	
Worker	Q 4 days	Q 1 day	

ENTER TOTAL DAYS → + = Days X \$200.00 Per Training Day

TOTAL AMOUNT DUE AND ENCLOSED FOR THIS APPLICATION → \$

DO NOT ENCLOSE COURSE MATERIALS AT THIS TIME...See Schedule III

9. Signature of training director [or person who will sign photo identification cards] [ORIGINAL SIGNATURE REQUIRED]	Name (printed or typed)	Title
10. Person completing application (printed/typed)	Title	Telephone

APPLICATION FOR CERTIFICATE TO CONDUCT ASBESTOS TRAINING - Maryland Department of the Environment

SCHEDULE I Instructors

Training provider or public unit name _____

Application Date _____

List all instructors on your payroll, at the time of application, who will be involved in any asbestos training. (Copy and use additional sheets, if necessary).
 YOU MUST ATTACH ONE COPY OF EACH INSTRUCTOR'S MOST RECENT RESUME IF THE INSTRUCTOR **HAS NOT** BEEN PREVIOUSLY APPROVED. *NOTE: If additional instructors are hired during the certificate year, you must submit the instructor's resume and obtain approval before that instructor may teach any asbestos course.*

PART I Instructor's Name <input type="checkbox"/> New Hire <input type="checkbox"/> Previously Approved			PART III List Each Topic Instructor Will Teach (if not teaching ALL Topics)	
1			1.	10.
Instructor Will Teach All <i>Courses</i> and All <i>Topics</i> Currently Approved			2.	11.
<input type="checkbox"/> Yes --> Proceed with additional instructors or go to Schedule II			3.	12.
<input type="checkbox"/> No --> Complete Parts II and III for this instructor			4.	13.
PART II Check below each course Instructor will teach (if not teaching ALL Courses):			5.	14.
Initial Course	Course Name	Review Course	6.	15.
<input type="checkbox"/>	Inspector	<input type="checkbox"/>	7.	16.
<input type="checkbox"/>	Management Planner	<input type="checkbox"/>	8.	17.
<input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day	Operations/Maintenance	<input type="checkbox"/>	9.	18.
<input type="checkbox"/>	Project Designer	<input type="checkbox"/>		
<input type="checkbox"/>	Spanish Speaking Worker	<input type="checkbox"/>		
<input type="checkbox"/>	Supervisor	<input type="checkbox"/>		
<input type="checkbox"/>	Worker	<input type="checkbox"/>		

PART I Instructor's Name <input type="checkbox"/> New Hire <input type="checkbox"/> Previously Approved			PART III List Each Topic Instructor Will Teach (if not teaching ALL Topics)	
2			1.	10.
Instructor Will Teach All <i>Courses</i> and All <i>Topics</i> Currently Approved			2.	11.
<input type="checkbox"/> Yes --> Proceed with additional instructors or go to Schedule II			3.	12.
<input type="checkbox"/> No --> Complete Parts II and III for this instructor			4.	13.
PART II Check below each course Instructor will teach if not teaching ALL courses:			5.	14.
Initial Course	Course Name	Review Course	6.	15.
<input type="checkbox"/>	Inspector	<input type="checkbox"/>	7.	16.
<input type="checkbox"/>	Management Planner	<input type="checkbox"/>	8.	17.
<input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day	Operations/Maintenance	<input type="checkbox"/>	9.	18.
<input type="checkbox"/>	Project Designer	<input type="checkbox"/>		
<input type="checkbox"/>	Spanish Speaking Worker	<input type="checkbox"/>		
<input type="checkbox"/>	Supervisor	<input type="checkbox"/>		
<input type="checkbox"/>	Worker	<input type="checkbox"/>		

APPLICATION FOR CERTIFICATE TO CONDUCT ASBESTOS TRAINING - Maryland Department of the Environment

SCHEDULE II Training Verification

Training provider or public unit name _____

Application Date _____

TRAINING SCHEDULE *On a separate page, provide a description of how schedules of dates and locations for training courses to be conducted will be provided to the Department (at least 10 days before the course is offered) and how the Department will be notified of any changes to the schedule and/or locations.*

List all training your Company CONDUCTED in the past 12 months. List each course separately. *(Copy and use additional sheets, if necessary)*
 ☐ Check here if your Company has **NOT** conducted Maryland-approved asbestos training in the past 12 months and proceed to Photo ID Verification Section of Schedule II.

Course Name	Instructor(s)	[] Course Type		Training Start Date	Training End Date	No. of Persons Trained
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			
		☐ Initial	☐ Review			

APPLICATION FOR CERTIFICATE TO CONDUCT ASBESTOS TRAINING - Maryland Department of the Environment

SCHEDULE III Course Instruction

Training provider or public unit name _____

Application Date _____

Name of Course	Type	Teacher-Student Ratio	Hours/Length
	<input type="checkbox"/> Initial <input type="checkbox"/> Review		

FOR EACH COURSE FOR WHICH YOU ARE APPLYING, ATTACH A SEPARATE SCHEDULE III. (Copy and Use Additional Sheets if necessary).

Your responses to any and all questions in this application **MUST** specifically address August 24, 1998 COMAR 26.11.23 regulations and, if applicable for Operations/Maintenance courses, August 24, 1998 COMAR 26.11.21 regulations.

HANDS-ON TRAINING *On a separate page,* describe, including amount and type, of hands-on training that will be provided during course instruction. Include the name(s) of the instructor(s) who will conduct hands-on training.

EXAMINATION *On a separate page,* provide a description of all examinations, including length, format and passing score. Provide a detailed statement describing development of the final examination, examination security, and how examinations are administered. *Passing score for final examination must be at least 70%.* You must also include a description and example of numbered certificates issued to students who attend and pass.

COURSE INSTRUCTION *On a separate page,* provide a description of the teaching methods that will be utilized and a list of all audio visual aids. Include a description of student evaluation methods to be used. **Only send course materials if this is an initial application.** Final course approvals will not be granted without current copies of all materials used during instruction. If this application is for renewal, it will only be necessary to provide course materials that have changed since the last submission and/or audit.

LIST ALL TOPICS TO BE COVERED FOR THE COURSE NAMED ABOVE				LIST ALL STATES WHERE THIS COURSE IS CURRENTLY APPROVED	
1.		11.			
2.		12.			
3.		13.			
4.		14.			
5.		15.			
6.		16.			
7.		17.			
8.		18.			
9.		19.			
10.		20.			

<p>Have course materials <i>currently</i> in use SIGNIFICANTLY changed since last submitted? If yes, provide details in description of Course Instruction</p> <p>_____</p> <p>Signature _____ Date _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Enter the LAST date course materials <i>currently</i> in use were submitted <i>OR</i> approved --></p> <p>_____</p>	
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**THIS PAGE RESERVED FOR CODE OF MARYLAND REGULATIONS
(COMAR) 26.11.23 ASBESTOS ACCREDITATION OF INDIVIDUALS, AND
APPROVAL OF TRAINING COURSES...**

TO OBTAIN A COPY OF COMAR CONTACT:

Asbestos Division
Maryland Department of the Environment
1800 Washington Blvd. STE 725
Balltimore MD 21230-1720

Telephone: 410-537-3200
E-Mail: mde.asbestos@maryland.gov