



**ASBESTOS CONTRACTOR LICENSE APPLICATION**  
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
 DIVISION OF WASTE MANAGEMENT  
 SFN 16611 (9-2021)

**APPLICATION REQUIREMENTS:**

1. A check or money order payable to the North Dakota Department of Environmental Quality in the amount of \$150.
2. Send the application to:

North Dakota Department of Environmental Quality  
 Division of Waste Management  
 4201 Normandy Street, 2nd Floor  
 Bismarck, ND 58503-1324  
 Phone: (701) 328-5166  
 Fax: (701) 328-5200

<b>OFFICE USE ONLY</b> Do not write in this space.	
Check Number	_____
Check Amount	_____
Date Received	_____
Date Approved	_____
Approved By	_____
License Number	_____

**Business Information:**

Name of Business		Business Contact Person	
Business Address		City	
State	ZIP Code	Telephone Number	
Has this business ever had a ND Asbestos Abatement Contractor License? <input type="checkbox"/> No <input type="checkbox"/> Yes - license number _____			
Has this business ever had any asbestos license application denied, or any asbestos license suspended or revoked by a state, federal, or local government agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach additional information explaining the suspension/revocation.			
If applicable, on additional sheets explain all asbestos related enforcement actions taken against your business by a state, federal, or local government agency during the past two years.			
Registration with the ND Secretary of State is required before a ND Asbestos Abatement Contractor License can be issued. Is this business registered with the ND Secretary of State? <input type="checkbox"/> No <input type="checkbox"/> Yes, ID# _____ For more information on registration, contact the ND Secretary of State Business Information/Registration Division at (701)328-4284.			
If your business performs asbestos removal, a ND Contractor License is required before a ND Asbestos Abatement Contractor License can be issued if the cost, value, or price per job exceeds the sum of \$2000. Does your business require a ND Contractor License? <input type="checkbox"/> No <input type="checkbox"/> Yes, ID# _____			
For more information about the ND Contractor License requirements, contact the ND Secretary of State Administrative/			

**Services Performed by the Business:**

Check the appropriate service(s) your business provides and supply the name of one employee of the company certified in North Dakota to perform that service.		
<input type="checkbox"/> Asbestos Removal (Includes repair, encapsulation & enclosure)	Name of Supervisor	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Inspection	Name of Inspector	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Management Planning	Name of Management Planner	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Project Design	Name of Project Designer	Certificate No. and Expiration Date
<input type="checkbox"/> Asbestos Project Monitoring	Name of Project Monitor	Certificate No. and Expiration Date

**Certification:**

The application must be signed by the owner, president, chairman of the board, or chief executive officer of the business. I certify that the information included with this application is true and accurate.	
Name (printed)	Title
Signature	Date