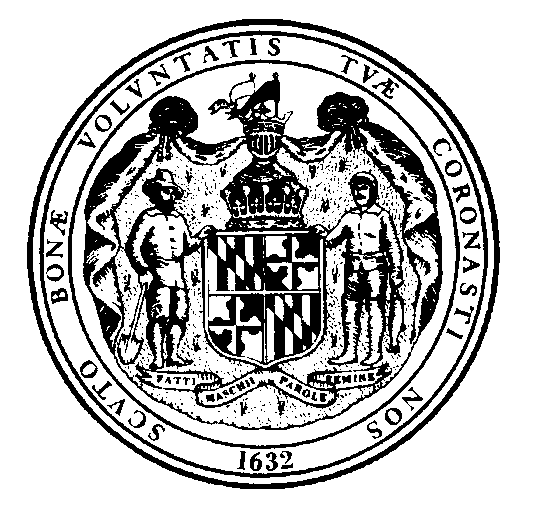
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### October 2017

**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 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 August 24, 1998)***

**MARYLAND DEPARTMENT OF THE ENVIRONMENT**

**AIR & RADIATION ADMINISTRATION**

****

## Division of Asbestos Accreditation & School Assistance

# 1800 Washington Blvd, STE 725

# Baltimore, Maryland 21230-1720

**(410) 537-3200**

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| --- |
| **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 ADMINISTRATION

TELEPHONE (410) 537-3200

#### Workman’s Compensation Policy Binder Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### APPLICATION FOR CERTIFICATE TO CONDUCT MARYLAND-APPROVED ASBESTOS TRAINING

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Application New  OR Renewal\*  | | | | | | | | | **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?** ** Yes  No** | | | **Date Received** | | | | | | | | | | **Check No.** | | | | | | **Amount $** | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. Training Provider name [***AS IT IS TO APPEAR ON CERTIFICATE***] | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |  |
|  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** | | | |
| 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 ORMONEY 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 | | | | |  3 days |  |  1 day | | |
| Management Planner | | | | |  2 days |  |  1 day | | |
| Operations & Maintenance 1 Day  2 Day Operations/Maintenance | | | | |  No Fee |  |  No Fee | | |
| Project Designer | | | | |  3 days |  |  1 day | | |
| Foreign Language Worker | | | | |  4 days |  |  1 day | | |
| Supervisor | | | | |  5 days |  |  1 day | | |
| Worker | | | | |  4 days |  |  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 | | | |

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

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| **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 |  |  |  |
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|  |  |  Initial |  Review |  |  |  |
|  |
|  |  |  Initial |  Review |  |  |  |
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|  |  |  Initial |  Review |  |  |  |
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|  |  |  Initial |  Review |  |  |  |
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|  |  |  Initial |  Review |  |  |  |
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|  |  |  Initial |  Review |  |  |  |
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|  |  |  Initial |  Review |  |  |  |
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|  | | | | | | | | | |
| Name of Course | | | **Type** | | | | **Teacher-Student Ratio** | **Hours/Length** | | |
|  | | |  Initial  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. | |  | | | |  |  | |
| **Have course materials *currently* in use SIGNIFICANTLY changed since last submitted?** If yes, provide details in description of Course Instruction  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Date | | | | | ** Yes**  ** No** | **Enter the LAST date course materials *currently* in use were submitted *OR* approved -->** | | |  | |

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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:  Division of Asbestos Accreditation & School Assistance  Maryland Department of the Environment  1800 Washington Blvd. STE 725  Balltimore MD 21230-1720  Telephone: 410-537-3200  E-Mail [sharon.manger@maryland.gov](mailto:sharon.manger@maryland.gov) |