



Michigan Department of Labor and Economic Opportunity – MIOASHA Asbestos Program

# Asbestos Abatement Contractor License Application

(Please type or print in ink. Instructions are on the reverse side.)

Company Name		Federal ID#	E-mail Address
Address (Number and Street)			P.O. Box
City	State		Zip
Contact Person (Name and Title)		Telephone Number	Fax Number

## YOU MUST NOTIFY THE ASBESTOS PROGRAM OF ANY CHANGES TO THE ABOVE INFORMATION

### AN INITIAL OR RENEWAL APPLICATION MUST CONTAIN:

- ◆ A completed Contractor License Application Form
- ◆ The appropriate fee (check or money order)
- ◆ A certificate of workers' compensation insurance issued within the last 30 days, with the certificate holder properly assigned or a Notice of Exclusion
- ◆ An alphabetical listing, with social security numbers, of all workers and supervisors in your employ that will work with asbestos
- ◆ If your company is an out-of-state corporation, please contact the Corporations, Securities & Commercial Licensing Bureau, Corporations Division at 517.241.6470 to file an Application for Certificate of Authority to Transact Business in Michigan and obtain a Certificate of Good Standing.

### Fee Schedule

Please check one box below to indicate the "type" of contractor license and whether this is an initial or a renewal application. Prepayment of the license fee is required to process this application.

<u>License</u>	<u>Initial</u>	<u>Renewal</u>	<u>Late Renewal</u>
Type I (1-4 employees)	\$200.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$200.00 <input type="checkbox"/>
Type II (5+ employees)	\$400.00 <input type="checkbox"/>	\$300.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>

**IF YOUR LICENSE HAS EXPIRED OR IS WITHIN 30 DAYS OF EXPIRATION, YOU WILL BE REQUIRED TO PAY THE LATE RENEWAL AMOUNT.**

\$ \_\_\_\_\_ .00 **Total Remittance**

**Please allow 15 business days for processing**

**Make check or money order payable to:**

**State of Michigan**

**Please do not send cash.**

**Return completed application, documentation and remittance to:**

MIOASHA – Asbestos Program  
530 West Allegan Street  
P.O. Box 30671  
Lansing, MI 48933

Phone: 517-284-7698 / Fax: 517-284-7700

In the space below, list all partners, owners, major stockholders, and officers of the business entity along with their social security numbers. Attach a list if more space is needed.

Last Name	First Name	M.I.	Title	Social Security Number

I certify that the information contained on this application is accurate and that the contractor will comply with all existing and future regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Michigan Department of Labor and Economic Opportunity is an equal opportunity, affirmative action employer, service provider, and buyer.

A fully completed and signed application must be submitted to and approved by the Michigan Department of Labor and Economic Opportunity before a contractor can be licensed. Failure to complete the application or submit the appropriate information will result in the rejection of this application and non-licensure.

# INSTRUCTIONS FOR COMPLETING THE MICHIGAN ASBESTOS ABATEMENT CONTRACTOR LICENSE APPLICATION



Public Act 135 of 1986, as amended, requires that any individual engaged in asbestos abatement contracting in Michigan, apply for and receive a license from the Michigan Department of Labor and Economic Opportunity (LEO) before performing this activity. This application must be completed to begin the approval process.

## INSURANCE

- A. With the completed application form, you must submit a Certificate of MICHIGAN Worker's Disability Compensation Insurance issued within the last 30 days, naming the "MIOSHA ASBESTOS PROGRAM, P O BOX 30671, LANSING, MICHIGAN 48909-8171" as a certificate holder with provisions for a 10-day advance notice of cancellation, or
- B. If you qualify for exemption from workers' compensation insurance, please contact the LARA Workers' Compensation Agency at 517.322.1195 to obtain a Notice of Exclusion.

## TRAINING

Section 209(1)(d) of Act 135, P.A. 1986, as amended, requires that license applicants submit proof that their employees or agents have received training required under state or federal law. All workers and supervisors must be accredited by LEO in accordance with the provisions contained in Public Act 440 of 1988, as amended. All licensed contractors must have at least one accredited Contractor/Supervisor on staff. LEO recognizes the following worker and supervisor training courses:

1. Abatement workers and contractor/supervisor training courses conducted by a MICHIGAN-APPROVED TRAINER as specified in Public Act 440 of 1988, as amended.
2. An Occupational Safety and Health Act (OSHA) Competent Person or Abatement Worker training course received from an Environmental Protection Agency (EPA) training center or an equivalent course. An equivalent course is defined by OSHA and LARA as a Contractor/Supervisor or Abatement Worker course approved by the EPA under the Asbestos Hazard Emergency Response Act's (AHERA) Model Accreditation Plan that are taken outside the state of Michigan.

## GENERAL INFORMATION

**\*\*Failure to submit any applicable information will result in the denial of your license application.\*\***

Upon approval, a license will be issued to cover a period of one year. An application for renewal of this license must be received by the Department no later than 30 days prior to the expiration date or it will be considered an initial application. Should this application not be approved, the applicant will be so notified and refunded all fees less a \$25.00 processing fee.

Please be advised, when applying for an initial asbestos abatement contractor license or when renewing an existing license, you must submit the following information:

1. A completed contractor license application.
2. A check or money order reflecting the cost of your initial or renewal license.
3. A certificate of Workers' Compensation Insurance issued within the last 30 days, with the certificate holder properly assigned or a Notice of Exclusion.
4. An alphabetical listing, with social security numbers, of all workers and supervisors in your employ who will be working with asbestos-containing material.
5. If your company is an out-of-state corporation, please contact the Corporations, Securities & Commercial Licensing Bureau, Corporations Division at 517.241.6470 to file an Application for Certificate of Authority to Transact Business in Michigan and obtain a Certificate of Good Standing.

Should you have questions, require additional applications, or wish to upgrade a Type I License to a Type II License, please contact the Department at:

**Michigan Department of Labor and Economic Opportunity**  
**Asbestos Program**  
**Physical location: 530 West Allegan Street, Lansing, MI 48933**  
**Regular mailing address: P.O. Box 30671, Lansing, Michigan 48909-8171**  
**Phone 517.284.7680**  
[www.michigan.gov/asbestos](http://www.michigan.gov/asbestos)  
E-mail: [asbestos@michigan.gov](mailto:asbestos@michigan.gov)

**YOU MUST NOTIFY THE ASBESTOS PROGRAM OF ANY CHANGES TO COMPANY NAME, ADDRESS,  
TELEPHONE NUMBER, CONTACT PERSON, OR NUMBER OF EMPLOYEES WORKING WITH ASBESTOS.**