

# Michigan Department of Labor and Economic Opportunity - MIOSHA Asbestos Program Asbestos Abatement Contractor License Application (Please type or print in ink. Instructions are on the reverse side.)

Company Name         Pedaral Diz         E-mail Address           Address (Number and Street)         P0. Bo:           City         State         Zip           Connect Person (Nume and Tife)         Tablehone Number         Fax Number           VOU MUST NOTIFY THE ASBESTOS PROGRAM OF ANY CHANGES TO THE ABOVE INFORMATION         MAINTAL CR ENERVIAL APPLICATION MUST CONTAIN:           1 Nonappleted Contractor Uconse Application Form         Fax Number         Fax Number           1 Nonappleted Contractor Uconse Application Form         The appropriate face (cleck or money order)         Notice of Exclusions           1 A cathificate of workers' compensation insurance issued within the last 30 days, with the certificate holder property assigned or a Notice of Exclusions         Notice of Exclusions         Notice of Exclusions           2 No apphraite face (cleck or money order)         Exe Schedule         Exe Schedule           Please check one box below to indicate the "type" of contractor to contracts and supervisors in your employ that will work with aboestos         Exe Schedule           Please the required to process this application.         Easte Renewal         Easte Renewal           Up to comparisons Division at 517 241.6470 to file an Application.         Easte Renewal         S200.00         \$100.00         S200.00         \$200.00         \$200.00         \$200.00         \$200.00         \$200.00         \$200.00         \$200.00	(Fieldse type of print in fink, instructions are on the revelse side.)							
City       State       2p         Contact Person (Name and Title)       Telephone Number       Fax Number         VOU MUST NOTIFY THE ASBESTOS PROGRAM OF ANY CHANGES TO THE ABOVE INFORMATION         A complemed Contractor License Application       Form         A contributed Issing, with social security numbers, of all workers and supervisors in your employ that will work with absetos         I dy our 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 ransact Business in Michigan and obtain a contractor license and whether this is an initial or a renewal application. Prepayment of the license fee is required to process this application         Contract Person       Signal and Signal and Contractor License Application on Cartificate of Signal and Sign	Company Name		Federal	ID#	E-mail Address			
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Please allow 15 business days for processing       remittance to:         Make check or money order payable to:       State of Michigan         State of Michigan       State of Michigan         Please do not send cash.       Plone: 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.       Title       Social Security Number         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.       Date:	OF EXPIRATION, YOU WILL BE REQUIRED TO							
State of Michigan       530 West Allegan Street         Please do not send cash.       P.O. Box 30671         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         In certify that the information contained on this application is accurate and that the contractor will comply with all existing and future regulations.         Signature:	Please allow 15 business days for processing							
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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 <u>www.michigan.gov/asbestos</u> E-mail: <u>asbestos@michigan.gov</u>

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