Department of Environmental Quality
Waste & Underground Storage Tank Management Bureau ● Asbestos Control Program ● P.O. Box 200901 ● Helena MT 59620-0901 ● (406) 444-5300

MONTANA ACCREDITATION APPLICATION
ASBESTOS RELATED OCCUPATIONS

DEQ USE ONLY	ORG	ACCT	FUND
	574833	502701	02202

Fee Paid By:
Amount Paid:
Check Number:
Receipt Number:
Date Approved:
Date Recorded:
Date Denied:

Applicant's Name Please Print or Type

EASON	DELTON		JR
(Last Name)	*(First Name)*	*(Middle Initial)*	*(Suffix)*

DEPT OF ENVIRONMENTAL QUALITY
(Employer Name)

PO BOX 200901
(Employer or Primary Mailing Address)

HELENA	MT	59620-0901	LEWIS & CLARK
(City)	*(State)*	*(Zip)*	*County*

406-444-5300	deason@mt.gov
(Primary Telephone Number)	*(E-Mail Address)*

Comments

For **Original** and **Renewal** applications, please check appropriate boxes for occupations that you are seeking annual accreditation **and complete** the Course Date(s) and Course Provider(s) information. **Renewals please provide MTA Number.** Incomplete applications will be returned.

Mail Accreditation License To: ☐ Self ☐ Employer* ☒ Both ***If Employer mailing address and primary mailing address are different, enter employer address in Comments**

Application Original	Application Renewal	Asbestos Accreditation	Base Fee[1]	Additional Fee	Course Completion Date	Course Provider	Course Certificate Number	ID Number *(DEQ Assigned for new applicants)*	
☐	☒	Inspector	☒ $170	☐ $35	07/15/2009	NORTHERN INDUSTRIAL HYGIENE	071509INR-057	MTA-3248	IN
☐	☐	Management Planner	☐ $170	☐ $35				MTA-	MP
☐	☐	Project Designer	☐ $170	☐ $35				MTA-	PD
☐	☐	Project Contractor/Supervisor	☐ $170	☐ $35				MTA-	CS
☐	☐	Project Worker	☐ $ 45	☐ $15				MTA-	WK

NOTE: MAXIMUM FEE:
1. $325 ($395 for out-of-state Non-Montana approved courses) fee if applying for two or more accreditations on the same application with Montana (EPA) Approved Course Providers.

I hereby certify that all submitted information is true and correct, and that I am familiar with all applicable accreditation requirements

Delton Eason Jr.
(Signature) 7/16/2009 *(Date)*

I give my authorization to the Department of Environmental Quality to include my name, address, and phone number on a list of asbestos-related occupations, to be released to the public, by signing below.

(Signature) *(Date)*

The time estimated by the Department to process and make a determination on a complete Asbestos-Related Occupation Accreditation Application is five working days.

REVISED: 10/26/2009
ALL PREVIOUS FORMS OBSOLETE

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