

# Asbestos Contractor License Application

## Instructions

**NOTICE:**

- Please send separate payments for lead and asbestos application fees.
- MDH cannot process payments that combine fees for lead and asbestos.
- MDH will return applications with payments that combine fees for asbestos and lead.

Fill in the application in black or blue ink only.

**Allow 2-4 weeks for processing.**

Include a business check, cashier's check or money order made payable to the Minnesota Department of Health (MDH).

**No cash or personal checks accepted.**

**A service fee is charged for returned checks.**

**Fees are nonrefundable.**

- **\$105** fee for asbestos contractor license

Mail to

Minnesota Department of Health  
Asbestos/Lead Compliance Unit  
PO Box 64497  
St Paul, MN 55164-0497

## Tennessee Warning

### For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

### For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

### For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.



## Asbestos Contractor License Application

### Asbestos Contractor Information

1. Company Name \_\_\_\_\_
2. Minnesota Business Identification Number \_\_\_\_\_  
Required by MN Statutes, §270C.72
3. Federal Employer Identification Number \_\_\_\_\_  
Required by MN Statutes, §270C.72
4. Business Address \_\_\_\_\_
5. City \_\_\_\_\_
6. State \_\_\_\_\_
7. Zip Code \_\_\_\_\_
8. County \_\_\_\_\_
9. Telephone Number \_\_\_\_\_
10. Fax Number \_\_\_\_\_
11. Email \_\_\_\_\_
12. Name of Business Contact \_\_\_\_\_
13. Name of Responsible Individual \_\_\_\_\_
14. Responsible Individual's Asbestos Supervisor Certification Number \_\_\_\_\_

### Workers Compensation Insurance Information

(Fill in **ONLY 15 OR 16**)

15. Company has Workers Compensation Insurance
- 15a. Insurance Company \_\_\_\_\_
- 15b. Policy Number \_\_\_\_\_
- 15c. Policy Start Date \_\_\_\_\_  
MM/DD/YYYY
- 15d. Policy End Date \_\_\_\_\_  
MM/DD/YYYY

OR

16. Company is exempt from Workers Compensation Insurance by MN Statutes §176.

16a. Reason (Check only **ONE** of the following)

I have no employees OR I have no employees working in Minnesota.

I am self-insured.

I have no employees who are covered by the workers compensation law.

## Check all that apply to be listed on MDH's website

Consultant (performs air monitoring)

Commercial Contractor (performs asbestos abatement in commercial properties)

Residential Contractor (performs asbestos abatement in residential properties)

## Signature

I provided true and complete information. I understand MDH's Tennessee Warning, available on page 2. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this license.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

*To obtain this information in a different format, call: 651-201-4620.*

*Printed on recycled paper.*