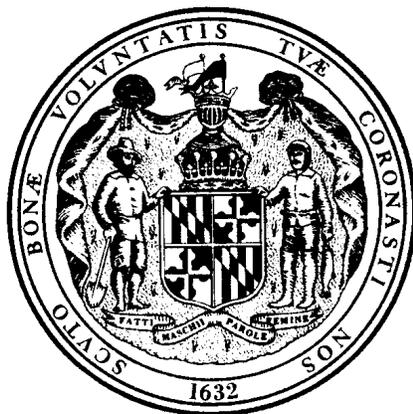


APPLICATION PACKAGE FOR CERTIFICATE TO CONDUCT ASBESTOS TRAINING IN THE STATE OF MARYLAND

[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)]



AUGUST 1998

MARYLAND DEPARTMENT OF THE ENVIRONMENT AIR & RADIATION MANAGEMENT ADMINISTRATION



Division of Asbestos Accreditation & School Assistance
1800 Washington Blvd, STE 725
Baltimore, Maryland 21230-1720
(410) 537-3200

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 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.
- Please provide your workers' compensation policy binder number _____ or a copy of a certificate of compliance with Maryland Workers' Compensation Act (Environment Article, § 1-202). Without this, we will not issue any training provider approval certificates. If you have any questions, please call the Workman's Compensation Commission at 410-864-5100 or 800-492-0479
- 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
- **Course approval** certificates are issued after a successful on-site, or authorized videotaped, audit by MDE staff and remain in effect for one year from the date of approval. There are no additional fees attached to course approval certificates.
- Mail **company check, certified check or money order (no credit cards or personal checks)**, and completed application form (pages 1 to 5 including schedules I, II, III, and all attachments) to:

Department of the Environment
P.O. Box 2037
Baltimore MD 21203-2037

- **Do not** send course materials at this time. You will be notified by MDE staff during the course audit process to provide copies of student manuals, instructor notebooks, handouts, etc. Courses will not be granted final approval without *current* copies of course materials on file at MDE. Materials sent before MDE requests them will be discarded.
- 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 approved-approved asbestos training.
- You may not conduct approved-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

Workman's Compensation

Maryland Department of the Environment 1800 Washington Blvd, STE 725

Policy Binder No. _____ Baltimore MD 21230-1720 410-537-3801

Type of Application New <input type="checkbox"/> OR Renewal* <input type="checkbox"/> DO NOT COMBINE NEW APPROVAL APPLICATIONS WITH RENEWAL APPLICATIONS...Use separate applications	ENTER → Approval ID Number _____ - _____ - _____ ENTER → Date of Renewal Notice: ____ / ____ / ____
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MDE USE ONLY	PCA 13729	OBJECT 5697	SUFFIX 711	Cash Receipt No.
Timely Renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received	Check No.		Amount \$

1. Training Provider name [**AS IT IS TO APPEAR ON CERTIFICATE**]

9 Check here if new name and enter *former* name: _____

2a. Certificate Holder (Company or Corporate) Mailing Address	3. Maryland County	E-mail Address
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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
Inspector <input type="checkbox"/> 3 days	<input type="checkbox"/>	<input type="checkbox"/>
Management Planner <input type="checkbox"/> 2 days	<input type="checkbox"/>	<input type="checkbox"/>
Operations & Maintenance <input type="checkbox"/> 1 day <input type="checkbox"/> 2 day <input type="checkbox"/> No Fee	<input type="checkbox"/>	<input type="checkbox"/> No Fee
Project Designer <input type="checkbox"/> 3 days	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor <input type="checkbox"/> 5 days	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Language Worker <input type="checkbox"/> 4 days	<input type="checkbox"/>	<input type="checkbox"/>
Worker <input type="checkbox"/> 4 days	<input type="checkbox"/>	<input type="checkbox"/>

FORWARD PAYMENT (No personal checks or credit cards) made payable to

Maryland 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**

ENTER TOTAL DAYS → + = Days X \$100.00 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] <i>(ORIGINAL SIGNATURE REQUIRED)</i>	Name (printed or typed)	Title
10. Person completing application (printed/typed)	Title	Telephone

Application for Certificate to Conduct Asbestos Training—Maryland Department of the Environment

SCHEDULE I *Instructors*

Training provider or public unit name _____

Application Date _____

List all instructors on your payroll, at the time of application, who will be involved in any asbestos training. <i>(Copy and use additional sheets, if necessary).</i> YOU MUST ATTACH ONE COPY OF EACH INSTRUCTOR'S MOST RECENT RESUME IF THE INSTRUCTOR HAS NOT BEEN PREVIOUSLY APPROVED. <i>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.</i>					
PART I Instructor's Name <input type="checkbox"/> New Hire <input type="checkbox"/> Previously Approved	PART III List Each Topic Instructor Will Teach (if not teaching ALL Topics)				
1 Instructor Will Teach All <i>Courses</i> and All <i>Topics</i> Currently Approved <input type="checkbox"/> Yes --> Proceed with additional instructors or go to Schedule II <input type="checkbox"/> No --> Complete Parts II and III for this instructor PART II Check below each course Instructor will teach (if not teaching ALL Courses):	1. 2. 3. 4. 5.	10. 11. 12. 13. 14.			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> Initial Course <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day </td> <td style="width: 40%; padding: 5px;"> Course Name <input type="checkbox"/> Inspector <input type="checkbox"/> Management Planner <input type="checkbox"/> Operations/Maintenance <input type="checkbox"/> Project Designer <input type="checkbox"/> Spanish Speaking Worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Worker </td> <td style="width: 30%; padding: 5px;"> Review Course <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>	Initial Course <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day	Course Name <input type="checkbox"/> Inspector <input type="checkbox"/> Management Planner <input type="checkbox"/> Operations/Maintenance <input type="checkbox"/> Project Designer <input type="checkbox"/> Spanish Speaking Worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Worker	Review Course <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. 7. 8. 9.	15. 16. 17. 18.
Initial Course <input type="checkbox"/> 1 Day <input type="checkbox"/> 2 Day	Course Name <input type="checkbox"/> Inspector <input type="checkbox"/> Management Planner <input type="checkbox"/> Operations/Maintenance <input type="checkbox"/> Project Designer <input type="checkbox"/> Spanish Speaking Worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Worker	Review Course <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
PART I Instructor's Name <input type="checkbox"/> New Hire <input type="checkbox"/> Previously Approved	PART III List Each Topic Instructor Will Teach (if not teaching ALL Topics)				
2 Instructor Will Teach All <i>Courses</i> and All <i>Topics</i> Currently Approved <input type="checkbox"/> Yes --> Proceed with additional instructors or go to Schedule II <input type="checkbox"/> No --> Complete Parts II and III for this instructor PART II Check below each course Instructor will teach if not teaching ALL courses:	1. 2. 3. 4. 5.	10. 11. 12. 13. 14.			
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Application for Certificate to Conduct Asbestos Training—Maryland Department of the Environment

SCHEDULE II *Training Verification*

Training provider or public unit name _____

Application Date _____

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)	[4] Course Type		Training Start Date	Training End Date	No. of Persons Trained
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			
		<input type="checkbox"/> Initial	<input type="checkbox"/> Review			

Application for Certificate to Conduct Asbestos Training—Maryland Department of the Environment

SCHEDULE II Photo ID Verification

Training provider or public unit name _____

Application Date _____

PHOTO IDENTIFICATION CARDS *On a separate page, describe the methods and procedures used for issuing photo identification cards to students who successfully complete the course, including security measures in place for storing blank identification cards. Include an explanation of how voided cards are secured and procedure for returning voided or unused cards to the Department. **Total Issued is Total Issued by the Training Provider to the Trainees.***

Document the RECEIPT of blank photo identification cards from MDE			Document and Reconcile the DISTRIBUTION of photo identification cards				List card numbers <i>in series</i> for all cards currently on hand																				
Date Received	Total Received	List all card numbers received <i>in series</i> (e.g. 0001 thru 0300, etc.)	Total Issued	Total Voided*	Returned to MDE*	Total On Hand																					
			<p>*All voided identification cards are to be returned to MDE. Enclose all voided cards currently on hand with this application. If a card(s) has been destroyed for any reason, provide the identification number(s) in the box below:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																								
			<p>List numbers of all VOIDED cards returned to MDE below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>																								

Application for Certificate to Conduct Asbestos Training—Maryland Department of the Environment

SCHEDULE III *Course Instruction*

Training provider or public unit name _____

Application Date _____

Name of Course	Type	Teacher-Student Ratio	Hours/Length
	<input type="checkbox"/> Initial <input type="checkbox"/> 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. **Please provide a DETAILED COURSE OUTLINE with the approximate time for each topic.**

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 copy of the exam with the answers.** 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. **Do Not** send course materials (e.g. student manual, instructor notebook, handouts, etc.) at this time. You will be notified when to send these materials once training certification is approved. Course materials will be *required* AFTER the training authorization certificate is issued or renewed for course audit purposes, however, materials received BEFORE they are requested will be discarded. 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.			

<p>Have course materials <i>currently</i> in use SIGNIFICANTLY changed since last submitted? If yes, provide details in description of Course Instruction</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Signature _____ Date _____</p>	<p>Enter the LAST date course materials <i>currently</i> in use were submitted <i>OR</i> approved --></p>
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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
Baltimore MD 21230-1720

Telephone: 410-537-3200

E-Mail smanger@mde.state.md.us

Or <http://www.dsd.state.md.us>

**THIS PAGE RESERVED FOR CODE OF FEDERAL REGULATIONS, 40 CFR SUBPART
E—ASBESTOS-CONTAINING MATERIALS IN SCHOOLS, APPENDIX C—ASBESTOS
MODEL ACCREDITATION PLAN**

TO OBTAIN A COPY OF THE MAP CONTACT:

Division of Asbestos Accreditation & School Assistance
Maryland Department of the Environment
1800 Washington Blvd. STE 725
Baltimore MD 21230-1720

Telephone: 410-537-3200

E-Mail smanger@mde.state.md.us

Or <http://www.epa.gov/asbestos/asbreg.html#cfr>
(You may also download a copy of the AHERA regulations
and the NESHAPS regulations from the same site.)