

## Asbestos Contractor and Consultant License

The Asbestos Contractor and Consultant License requires the submission of a completed application packet, which includes the completed application form on page 2 and 3 and the required documents listed on the Application Requirements Verification Check List.

NOTE: The application requirements are excerpts from the Arkansas Pollution Control and Ecology Commission Regulation 21 Section 14. You may find detailed explanations of any requirement by visiting our website at <https://www.adeg.state.ar.us/regs/#reg21>. Associated application forms may be obtained at <http://www.adeg.state.ar.us/air/asbestos/asbestos.htm>

### APPLICATION REQUIREMENTS VERIFICATION CHECK LIST

Follow the **ASBESTOS CONTRACTOR AND CONSULTANT LICENSE APPLICATION REQUIREMENT VERIFICATION CHECK LIST** to ensure that you include all required documents. An incomplete application packet (form and documents) may be returned without processing.

1. Indicate license type(s) you are applying for.
2. Indicate type of application – initial (new) or renewal.
3. APPLICATION FEE: Include correct total of all fees (refer to Application Fee and Payment Method INFORMATION on first page of application) that apply – **payment must be exact or it may be returned without processing application.**
  - 3a. Indicate method of payment on application form. Include payment if paying by check or money order.
4. Complete ALL fields on application form.
  - 4a. CONTRACTORS ONLY:  
Include Name of Contractor Supervisor, a copy of same Contractor Supervisor Certificate and License Number.
5. Submit Disclosure Statement
  - 5a. Initial (NEW) applicants provide entire disclosure form complete with original signatures.
  - 5b. Renewal applicants provide only the first and last pages of the disclosure form if no changes have occurred; otherwise provide the entire form.
6. Current Insurance Certificate: A minimum of \$1,000,000 liability insurance coverage. The certificate of insurance issued by an insurance carrier authorized to do business in Arkansas must include all of the following:
  - a). Coverage for asbestos-related work
  - b). That the Arkansas Department of Environmental Quality is the certificate holder
  - c). A rider requiring the insurer to notify ADEQ in writing within 10 working days of changes
7. Contractors must attach proof of at least one certified contractor supervisor as a full-time employee of the firm.
8. Deliver or mail completed packet (application form and required documents) to: **Office of Air Quality  
ADEQ Asbestos Program  
5301 Northshore Drive  
North Little Rock, AR 72118-5317**

**Application will not be processed until payment is received.**



ARKANSAS  
Department of Environmental Quality

# ASBESTOS PROGRAM

5301 NORTHSORE DRIVE / NORTH LITTLE ROCK / AR 72118-5317

TELEPHONE: 501-682-0718 / FAX 501-682-0710

[www.adeg.state.ar.us](http://www.adeg.state.ar.us)

## Asbestos Contractor & Consultant License

### APPLICATION FORM

#### LICENSE/APPLICATION TYPE INFORMATION

I. LICENSE TYPE: CONTRACTOR INITIAL (NEW) CONSULTANT INITIAL (NEW)

II. APPLICATION TYPE: RENEWAL RENEWAL  
 Current License Nbr: \_\_\_\_\_ Current License Nbr: \_\_\_\_\_

#### APPLICATION FEE AND PAYMENT METHOD INFORMATION

III. APPLICATION FEE: CONTRACTOR LICENSE -- \$375 ANNUAL FEE CONSULTANT LICENSE -- \$375 ANNUAL FEE

PAYMENT METHODS: CHECK/MONEY ORDER INCLUDED Check or Money Order Number: \_\_\_\_\_  
 CASH (WALK-INS ONLY)  
 CREDIT CARD (ONLINE ONLY) Note: Transaction fee may apply.  
 If you opt to pay by credit card, we will contact you with an INVOICE NUMBER for ONLINE USE.

#### FIRM/COMPANY INFORMATION

III. FIRM/COMPANY:

BUSINESS TYPE: CORPORATION PARTNERSHIP PROPRIETORSHIP OTHER: \_\_\_\_\_

Firm/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business FAX: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Business Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Contractor Supervisor Name: \_\_\_\_\_ Current License No. \_\_\_\_\_

Has the company received a license or permit from any other state authorizing the company to conduct business as an asbestos contractor or consultant? YES NO

If yes, list state(s) and license number(s): State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_  
 State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_ State: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

**INSURANCE COVERAGE INFORMATION**

**IV. INSURANCE COVERAGE:**

Insurance Company Name: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

**VALIDATION AND CERTIFICATION INFORMATION**

As an authorized representative (owner, partner, or corporate officer), I affirm that the provided information is accurate.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

**ADEQ ASBESTOS PROGRAM USE ONLY**

<b>DATE RECEIVED:</b>		<b>RECEIVED BY:</b>	
<b>DATE PROCESSED</b>		<b>INVOICE NUMBER:</b>	
<b>TYPE OF ID PROVIDED:</b>			
<b>NOTES:</b>			