

## **ADEM Form 497**

### **Application for Asbestos Removal Contractor Certification**

The Application for Asbestos Removal Contractor Certification is available through ADEM's Alabama Environmental Permitting and Compliance System (AEPACS) at <https://adem.alabama.gov/AEPACS>. Submissions of Form 497 should now be made through AEPACS. Instructions for use of AEPACS are available at <https://adem.alabama.gov/egov/aepacs.cnt>

AEPACS allows for dynamic smart forms to be developed. Therefore, ADEM Form 497 has been transformed to be suited for the specific purpose of the submission with the availability of conditionality and the ability to prefill data fields.

The following instructions are noted on the electronic form:

In order to become certified as an asbestos removal contractor in Alabama, please submit a completed Form 497 along with the \$740 application fee.

Please be advised that attachment of at least one asbestos supervisor's Safe State accreditation certificate is required for submittal of the application.

For questions regarding asbestos supervisor accreditation, please contact Safe State at the University of Alabama at (205) 348-4829.

Questions can be directed to [asbestosmail@adem.alabama.gov](mailto:asbestosmail@adem.alabama.gov).

**STATE OF ALABAMA**  
**APPLICATION FOR**  
**ASBESTOS REMOVAL CONTRACTOR CERTIFICATION**

**INITIAL APPLICATION**                       **RENEWAL APPLICATION**

CURRENT ALABAMA CERTIFICATION NUMBER (IF A RENEWAL): \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DUN & BRADSTREET NO. \_\_\_\_\_

**Place an "x" in the box to characterize the type work you do.**

- |  |  |
|--|--|
| <input type="checkbox"/> Light Industrial    | <input type="checkbox"/> Private Homes         |
| <input type="checkbox"/> Heavy Industrial    | <input type="checkbox"/> Roofing Removal       |
| <input type="checkbox"/> Schools             | <input type="checkbox"/> VAT/Mastic Removal    |
| <input type="checkbox"/> Hospitals           | <input type="checkbox"/> Demolition            |
| <input type="checkbox"/> Dorms/Hotels/Motels | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Office Buildings    | <input type="checkbox"/> Other (specify) _____ |

PARENT COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DUN & BRADSTREET NO. \_\_\_\_\_

LIST OF SCHEDULES ATTACHED

- A. List of removal operations for previous year, the year ending on the date of this application, no duplications from previous application \_\_\_\_\_
- B. List of supervisors \_\_\_\_\_
- C. List of workers \_\_\_\_\_

**Note: You may produce your own schedules provided they have the same information in the same order and are printed on 8½” by 11” paper.**

**A check or money order payable to the ADEM-Air Division should be enclosed. Telephone 334/271-7879 or 7897 for the current amount.**

**The undersigned understands the asbestos abatement regulations of the State of Alabama and agrees to comply with them. All workers and supervisors will be properly accredited before working at a regulated removal site.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_

**SEND APPLICATION TO:**

**MAILING ADDRESS:**

**ASBESTOS COORDINATOR  
ADEM – AIR DIVISION  
P O BOX 301463  
MONTGOMERY, AL 36130-1463**

**PHYSICAL ADDRESS**

**1400 COLISEUM BOULEVARD  
MONTGOMERY AL 36110-2059**

FOR OFFICE USE ONLY
DATE RECEIVED _____
DATE RETURNED/FROZEN _____
REASON _____
DATE RECEIVED /UNFROZEN _____
CHECK RECEIVED _____
NUMBER ASSIGNED _____
DATE ISSUED _____



**SCHEDULE B**

**LIST OF SUPERVISORS**

<b>NAME (LAST, FIRST, MI)</b>	<b>SOCIAL SECURITY NUMBER</b>	<b>ALABAMA ACCREDITATION NO.</b>	<b>EXPIRATION DATE</b>

# SCHEDULE C

## LIST OF WORKERS

NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER	ALABAMA ACCREDITATION NO.	EXPIRATION DATE