

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 must be made through AEPACS. The previous Form 497 is provided below for reference only. 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.

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 A

LIST OF PREVIOUS YEAR'S REMOVAL OPERATIONS OR OPERATIONS SINCE PREVIOUS APPLICATION

OWNER/TOWN/STATE	DATES	AMOUNTS (LINEAR/SQUARE FEET)	TYPE ACM	FRIABLE?

SCHEDULE B

LIST OF SUPERVISORS

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

SCHEDULE C

LIST OF WORKERS

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