

NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL PROTECTION
ASBESTOS CONTROL PROGRAM
59-17 JUNCTION BOULEVARD, 8TH FLOOR
FLUSHING , NEW YORK 11373
APPLICATION FOR ASBESTOS HANDLER SUPERVISOR CERTIFICATION

NAME: _____

			APPENDIX F			
PROJECT LOCATION (FULL ADDRESS & LOCATIONS)	SCOPE OF WORK TYPE OF SURVEY NATURE OF RESPONSIBILITY	BUILDING OWNER'S NAME AND FULL ADDRESS	NUMBER OF WORKERS SUPERVISED	# OF FLOORS SQ. OR LI. FT. YOU HANDLED	EXACT DATES OF PROJECT START AND COMPLETION	COMMENTS LIST SURFACES AND TYPES OF MATERIAL ABATED (e.g. BOILER/TSI, DECK/SURFACING MATERIAL, PIPES/TSI, FLR/VAT ETC.)
					/ / TO / /	
					/ / TO / /	
					/ / TO / /	
					/ / TO / /	
					/ / TO / /	
					/ / TO / /	

ATTACH ADDITIONAL SHEETS, IF NECESSARY.
LIST PROJECTS IN CHRONOLOGICAL ORDER

The foregoing is a statement of fact.

APPLICANT'S SIGNATURE:

DATE

updated 12/2017

Signature & Seal of Notary Public or Commissioner of Deeds Exp. Date: