

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

NAME: _____

APPENDIX - E

SURVEY LOCATION (FULL ADDRESS & LOCATIONS)	SCOPE OF WORK TYPE of SURVEY NATURE OF RESPONSIBILITY	NAME and FULL ADDRESS	FLOORS OR SQ. FT.	# OF FLOORS SQ. FT. YOU HANDLED	# OF BULK SAMPLES TAKEN	SURVEY DATES	COMMENTS LIST AREA(S) SURVEYED (e.g. Boiler Rm., Plenum, Entire Bldg)
						//_ TO _/_/_	
						//_ TO _/_/_	
						//_ TO _/_/_	
						//_ TO _/_/_	
						//_ TO _/_/_	

UPDATED 12/2017

LIST NAMES OF NYC DEP CERTIFIED ASBESTOS INVESTIGATORS YOU HAVE ASSISTED OR WORKED WITH:

ATTACH ADDITIONAL SHEETS, IF NECESSARY
 LIST PROJECTS IN CHRONOLOGICAL ORDER

The foregoing is a statement of fact.

 Applicant Signature Date

Signature and Seal of Notary Public of Commissioner of Deeds

Expiration Date:

NAME: _____

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						__/__/__ TO __/__/__	
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