

**PLEASE MARK APPROPRIATE BOX:**

**PROJECT NO:** \_\_\_\_\_

☐ NEW

☐ REVISED

**\*\* REVISION CHANGES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nevada Department of Business and Industry  
Division of Industrial Relations  
Occupational Safety and Health Administration



**Southern District Office**

3360 W. Sahara Avenue  
Suite 200  
Las Vegas, NV 89102  
Phone: (702) 486-9020  
Fax: (702) 990-0360

**Northern District Office**

4600 Kietzke Lane  
Building F, Suite 153  
Reno, NV 89502  
Phone: (775) 688-3700  
Fax: (775) 688-1378

**ASBESTOS ABATEMENT PROJECT NOTIFICATION FORM**

An Asbestos Abatement Contractor intending to engage in an Asbestos Abatement Project in Nevada is required to submit a Notification Form and Fees, which must be received by mail at the Division Office **10 calendar days** before beginning any On-Site work at the Asbestos Abatement Project. **FAXES WILL NOT BE ACCEPTED FOR ORIGINAL NOTIFICATIONS.** (When revising original notification, please send all pages of the Notification Form.)

**PART A**

**GENERAL INFORMATION**

**1. Name of Contractor:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

**2. Name of the Building Owner:** \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

**3. Description of the Building/Structure:** \_\_\_\_\_

Building/Structure Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Building Age (Years): \_\_\_\_\_ Usage of Building: \_\_\_\_\_

Building Size: Total Floor Space (Square Feet): \_\_\_\_\_ No. of Floors: \_\_\_\_\_

**PART B**

**DESCRIPTION OF PROPOSED ASBESTOS ABATEMENT PROJECT**

**1. Project Type:** \_\_\_\_\_

**2. Project Schedule:** Start Date \_\_\_\_\_ Finish Date \_\_\_\_\_

**3. Amount of ACM Affected:** \_\_\_\_\_ SQ FT \_\_\_\_\_ LN FT

**4. Description of ACM Type and Nature:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Containment Measures and Work Practices (Be Specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROJECT NOTIFICATION FEES:** (NOTE – No Project Notification Form is complete until the Project Notification fee is received by the Division. The maximum Project Notification Fee required to be paid in any calendar year by a Building Owner is \$2,000.00.)  
**Send check or money order made payable to Division of Industrial Relations.**

\$100.00      For each project greater than 10 SQ FT or 25 LN FT, and less than 160 SQ FT or 260 LN FT.  
\$400.00      For each project greater than 160 SQ FT or 260 LN FT, and less than 1600 SQ FT or 2600 LN FT.  
\$1,000.00      For each project greater than 1600 SQ FT or 2600 LN FT.

**PART C**

**FINAL CLEARANCE**

**1. Project Monitor:** (Name of Consultant who will provide the Final Clearance for the project.)

Name and Nevada OSHA License No. for each Consultant on the project:

<u>Name</u>	<u>OSHA License No.</u>
_____	_____
_____	_____

Name of Firm: \_\_\_\_\_ Telephone No: \_\_\_\_\_

2. Will the Project Monitor also provide employee exposure monitoring for this project? Yes ☐ No ☐

3. Will the Project Monitor perform On-Site asbestos analysis? Yes ☐ No ☐

**4. Project Designer:** (Name of Consultant who formulated the plan and the written specifications for conducting the project for the abatement of asbestos.)

Name and Nevada OSHA License No. for each Consultant on the project:

<u>Name</u>	<u>OSHA License No.</u>
_____	_____
_____	_____

Name of Firm: \_\_\_\_\_ Telephone No: \_\_\_\_\_

**PART D**

**WASTE DISPOSAL**

**1. Name and Address of Waste Transporter/Hauler:**

Name: \_\_\_\_\_ License No: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Name and Location of approved Asbestos Waste Disposal Site(s):**

Operator: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_