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:**
   
   __________________________________________________________

4. **Description of ACM Type and Nature:**
   
   __________________________________________________________
   
   __________________________________________________________
   
   __________________________________________________________

**PLEASE MARK APPROPRIATE BOX:**

 PROJECT NO: ___________________________

☐ NEW
☐ REVISED

**REVISION CHANGES:**

______________________________________

______________________________________

______________________________________

______________________________________

OSHA Form ACP-5b (3/5/2020)
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>OSHA License No.</th>
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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:

<table>
<thead>
<tr>
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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: ______________

OSHA Form ACP-5b (3/5/2020)