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: __________________________

2. Name of the Building Owner: ______________________________________________________

   Owner’s Address: __________________________________________________________________________

   City: __________________________ State: ____________ Zip: ____________

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: __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   __________________________________________________________________________

   ** REVISION CHANGES: _____________________________________________

   _____________________________________________

   _____________________________________________

   _____________________________________________

   ☐ NEW

   ☐ REVISED

   ☐ COURTESY NOTIFICATION

OSHA Form ACP-5b
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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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