

PLEASE MARK APPROPRIATE BOX:

PROJECT NO: _____

NEW

REVISED

**** REVISION CHANGES:** _____

COURTESY NOTIFICATION

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: _____

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: _____

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:
Name OSHA License No.

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:
Name OSHA License No.

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: _____