

**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**  
1301 N Green Valley Pkwy  
Suite 200  
Henderson, NV 89074  
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: \_\_\_\_\_