

Asbestos Disposal Certification

Project Information

Project Name:

Project Address:

City/State/ZIP:

Contact Person:

Contact Phone:

Asbestos Removal Contractor

Company Name:

License Number:

Address:

Phone Number:

Asbestos Disposal Site

Facility Name:

Permit Number:

Facility Address:

Phone Number:

Certification Statement

I hereby certify that all asbestos-containing materials removed from the above project location have been transported and disposed of at the approved facility listed above, in accordance with federal, state, and local regulations.

Contractor Signature

Date

This certification must be retained for your records and made available to regulatory authorities upon request.