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Asbestos Notification Amendment Form

This amendment *must* be present or posted at all times at the asbestos project site
 NWCAA Reg No. 570.4(a)(6)

First amendment is free, each subsequent amendment requires a \$26 fee payable to NWCAA

Use this form only when the following changes occur:

- | | |
|---|---|
| <input type="checkbox"/> 1. Project Category or project type | <input type="checkbox"/> 5. Address correction due to incorrect information |
| <input type="checkbox"/> 2. Quantities exceeds more than or less than 20% | <input type="checkbox"/> 6. Contractor or property owner information |
| <input type="checkbox"/> 3. Project start and/or completion date | <input type="checkbox"/> 7. Disposal site |
| <input type="checkbox"/> 4. Work shift days and hours | <input type="checkbox"/> 8. Project canceled (no fee, refund will be processed) |

Do not amend minor changes such as job site supervisor

Agency case #: _____	Contractor job #: _____
Job site address: _____	City, state, zip: _____

Please indicate only the changes below:

Type of project: _____ Current project category: _____

Additional quantity to be removed: _____ SQ FT _____ Linear FT

New footage totals: _____ SQ FT _____ Linear FT

Project starting date: _____ Completion Date: _____ Cancellation date: _____

Work shift days: M T W TH F SA SU

Work shift hours: _____

Job site address: _____ City, state, zip: _____

Reason for address change: _____

Disposal site: _____

Contractor or property owner: _____

Additional comments (attach additional sheets if necessary):

I do hereby certify that the information contained in this application and supplemental data described herein is, to the best of my knowledge, accurate and complete.

 Signature

Contractor: _____

 Date

Phone: _____

AGENCY USE ONLY

Case #: _____

Amendment #: _____