



New York State Department of Labor
 Division of Safety and Health
 Asbestos Project Notification
 Building 12-Room 161B
 State Office Campus
 Albany, NY 12240
 (518) 485-9263

Asbestos Project Notification

Filing an asbestos project notification

Who must provide asbestos project notification

If the asbestos removal project is:

- located within New York State
- involves more than 260 linear feet or 160 square feet of asbestos or asbestos-containing material in a building,

you must notify the Asbestos Control Board before starting work on the removal, encapsulation, enclosure or disturbance of friable asbestos, or before handling material containing asbestos that may result in the release of asbestos fiber.

		Method of notifying		
		Written notification	Telephone notification	
Type of notification	Initial	At least 10 calendar days prior to project start date	Does not apply	
	Renewal	Within the last 30 days of a project that will extend beyond 12 months	Does not apply	
	Amended	Postponed	At least 3 calendar days prior to new start date <u>and</u> at least 1 calendar day prior to initial notification start date	At least 1 calendar day prior to initial notification start date
		Cancelled	At least 1 calendar day prior to initial notification start date	At least 1 calendar day prior to initial notification start date
	Note: Amended telephone notification requires written follow-up within 5 working days. You cannot change the completion date beyond one year from the start date.			
	Emergency	Within 3 working days of telephone notification and approval of emergency status by the Asbestos Control Bureau	As emergency situation arises	

When to file a notification

A new notification and project fee must be sent if any of the following occur:

- A different contractor becomes responsible for the project (excluding sub-contractors)
- The location of the project changes
- The completion date on the initial notification has passed and no amendment has been filed

For a postponed project with an unknown starting date, an amendment must be filed within the period specified above. Once a starting date is determined, another amendment must be filed at least 3 calendar days prior to that date.

If any of the information contained in the previous notification changes, an amended Asbestos Project Notification form must be sent. If the amount of asbestos increases an additional fee must be sent in with the amended notification.

How to file a notification

- Send the completed signed form to:
 New York State Department of Labor
 Division of Safety and Health, Asbestos Project Notification
 Building 12-Room 161B
 State Office Campus
 Albany, NY 12240
- You must include the fee with the notification.
- Keep a copy for your records.
- Include a check or money order, payable to the Commissioner of Labor, for the fee due based on the project size as shown in item 19. The notification is not complete until the non-refundable fee is received by the Department of Labor.

For additional information see Part 56, Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (12 NYCRR Part 56). You can see a copy on-line at www.labor.state.ny.us.



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Asbestos Project Notification

A. Type of notification

Check only one type of notification below.

- Initial Complete all sections. The Department of Labor must receive this notification and fee at least 10 days before the project starts.
- Renewal Complete all sections. Submit with fee within the last 30 days of a project that will extend beyond 12 months.
- Amended Submit amended notification with all sections completed and amended item(s) circled.
- Cancelled Complete Section G and attach copy of initial notification or complete all sections.
- Emergency You must first call 518-485-9263 for prior approval of emergency status, then complete and return this form including:
 Emergency reference # _____

B. Contractor information

Provide all information requested below.

- 1. FEIN --
- 2. Asbestos license number _____
- 3. Contractor name and address _____
- 4. Mailing address (if different) _____

C. Project site information

Provide all information requested below for the building/site where the asbestos project will be conducted.

- 5. Project dates: Starting date _____ Completion date _____
 If amended: Starting date _____ Completion date _____
- 6. Project location: County _____
 Name of building _____
 Room or other specific location _____
 Bridge Projects only. Bridge ID Number: _____
 Street address _____
 City, Town or Village _____ State _____ Zip Code _____
- 7. Building information
 Current use _____ Year built _____
 Prior use _____ Building size _____ sq. ft.
 Is this a Federal building? No Yes
- 8. Building representative/site contact: Name _____ Phone number (____) _____

D. Project details

Provide all of the information requested below relating to specifics of asbestos removal.

9. Is this a phased project? No Yes

If yes, list scope, location and starting and end dates for each phase below. If there are more than 4 phases, please use Section F to continue.

Start date	End date	Location	Scope

10. Will sub-contractor(s) be used: No Yes (If yes, complete lines below.)

Name _____ Asbestos Lic. No. _____

Name _____ Asbestos Lic. No. _____

11. Do you anticipate doing: Night work Weekend work Shift work

Days/hours _____

12. The party you are doing the work for: Name _____

Address _____

City, Town or Village _____

State _____ Zip Code _____

13. Dollar amount of contract between parties named in Item 3 and Item 12. \$ _____

14. If work is being conducted under a variance, check appropriate box and supply variance number.

Note: Forms AV 86 through AV 120 can no longer be used. Please refer to Part 56 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York (12 NYCRR Part 56).

Applicable variance number: _____ Individual variance petition number: _____

15. Procedures and type of equipment and ventilation system used (attach additional sheets if necessary.)

a) Type of equipment and ventilation systems used: _____

b) Name of air monitoring firm: _____

Asbestos license number: _____

c) Name of laboratory performing the analysis: _____

ELAP Registration number: _____

16. Type of asbestos work (check all that apply)

- Pipe related Roofing/flashing Caulking/Mastic Clean up
 Vessel covering Siding VAT Sprayed on insulation
 Other (specify) _____
 Demolition: if site survey was previously submitted, provide the reference: _____

17. Waste transporter name: _____

NYS DEC permit number: _____

Address: _____

City, Town or Village: _____

State: _____ or Province: _____

Zip Code: _____

Phone number: _____

18. Waste disposal site

Name _____

Address: _____

City, Town or Village: _____

State: _____ or Province: _____

Zip Code: _____

Phone number: _____

19. Type and amount of asbestos-containing material involved

Friable linear feet	_____	Friable square feet	_____
Non-Friable linear feet +	_____	Non-Friable square feet +	_____
Total linear feet	= _____	Total square feet	= _____

E. Fee schedule

This fee is non-refundable. Refer to Item 19 to calculate your required fees.

Check one box for linear feet and one box for square feet.

- | | | |
|-------------------|---|---|
| 20. Fee schedule: | a) Linear feet | b) Square feet |
| | <input type="checkbox"/> 0 – 259 (\$0) | <input type="checkbox"/> 0 – 159 (\$0) |
| | <input type="checkbox"/> 260 – 429 (\$200) | <input type="checkbox"/> 160 – 259 (\$200) |
| | <input type="checkbox"/> 430 – 824 (\$400) | <input type="checkbox"/> 260 – 499 (\$400) |
| | <input type="checkbox"/> 825 – 1649 (\$1,000) | <input type="checkbox"/> 500 – 999 (\$1,000) |
| | <input type="checkbox"/> 1650 or more (\$2,000) | <input type="checkbox"/> 1000 or more (\$2,000) |

21. Total fee due for project \$ _____ (add 20a and 20b)

F. Remarks

Use this area to provide additional information. Attach additional sheets if necessary.

G. Signature

I certify that the information specified on this notification is true and accurate and that the project will be conducted in compliance with the requirements of Code Rule 56. (no cosigns or stamps)

Signature of the Contractor or Duly Authorized Representative

Date

Print name of the Contractor or Duly Authorized Representative

Date