



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

**To file 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	Phone	
<b>Type of notification</b>	<b>Initial</b>	At least 10 calendar days prior to project start date	Does not apply	
	<b>Renewal</b>	Within the last 30 days of a project that will extend beyond 12 months	Does not apply	
	<b>Amended</b>	<b>Postponed</b>	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
		<b>Cancelled</b>	At least 1 calendar day prior to initial notification start date	At least 1 calendar day prior to initial notification start date
	<b>Note: Amended phone notification requires written follow-up within 5 working days. You cannot change the completion date beyond one year from the start date.</b>			
	<b>Emergency</b>	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**

You must send a new notification and project fee 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, you must file an amendment within the period specified above. Once a starting date is determined, you must file another amendment at least 3 calendar days prior to that date.

If any of the information contained in the previous notification changes, you must send an amended Asbestos Project Notification form. If the amount of asbestos increases, you must send an additional fee 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
- 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.ny.gov](http://www.labor.ny.gov).



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**A. Type of notification**

Check only one type of notification below.

- Initial Complete all sections. We 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) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Workers' Compensation Policy # \_\_\_\_\_ or WC Exemption Certificate # \_\_\_\_\_  
 Number of your employees you expect to be on project: \_\_\_\_\_  
**NOTE:** If you intend to have employees at the site, you must have proper workers' compensation before the start of the project.  
 Will temporary workers be used?  Yes  No. If yes, name of temporary agency: \_\_\_\_\_

**C. Project site information**

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

6. Project dates: Starting date \_\_\_\_\_ Completion date \_\_\_\_\_  
 If amended: Starting date \_\_\_\_\_ Completion date \_\_\_\_\_
7. 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 \_\_\_\_\_
8. Building information  
 Current use \_\_\_\_\_ Year built \_\_\_\_\_  
 Prior use \_\_\_\_\_ Building size \_\_\_\_\_ sq. ft.  
 Is this a Federal building?  No  Yes

9. Building representative/site contact: Name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Supply all of the information requested below about the specifics of asbestos removal.

10. Is this a phased project?  No  Yes

If yes, list scope, location and start 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 more 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 +	_____
<b>Total linear feet</b>	= _____	<b>Total square feet</b>	= _____

**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 details. Attach more 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