

**New York City Department of Environmental Protection
Asbestos Control Program
59-17 Junction Boulevard, 8th Floor
Flushing, New York 11373**

Application for Asbestos Handler/Supervisor Certification

Appendix F

Project Location (Full Address and Locations)	Scope of Work Nature of Responsibility	Building Owner's Name and Full Address	Number of Workers Supervised	Floors, Sq. ft. or Li. ft. you were responsible for	Exact Dates of Project Start/ Completion	Comments <small>(List surfaces and types of material abated e.g. boiler/TSI, deck/surfacing material, pipes/TSI, floor/VAT, etc.)</small>
					___/___/___ to ___/___/___	
					___/___/___ to ___/___/___	
					___/___/___ to ___/___/___	
					___/___/___ to ___/___/___	
					___/___/___ to ___/___/___	
					___/___/___ to ___/___/___	

Attach additional sheets, if necessary.

Updated 12/2003

The foregoing is a statement of fact.

Applicant's Signature Date

Signature and Seal of Notary Public or Commissioner of Deeds Expiration Date