

AFFIDAVIT BY CERTIFIED INDIVIDUAL WHO APPLIED ENCAPSULANT

I, _____ (print name), applied the
_____ (encapsulant's name/brand) encapsulant at the premises
located at _____ (address),
(apartment number) on _____ (date).

I am certified to perform abatement pursuant to Part 745 of Title 40 of the Code of Federal Regulations subparts L and Q. I have applied the encapsulant in accordance with the manufacturer's instructions and I have confirmed prior to its application that the encapsulant is compliant with the standards set by the American Society for Testing and Materials (ASTM International) for liquid coating encapsulants. I have not applied the encapsulant to abate any surface subject to binding, friction, impact, or heat or that is chewable.

I have attached a copy of my EPA certification to this affidavit. My EPA certification number is _____ and it expires on _____.

(Print Name)

(Signature)

* State of _____, County of _____

Notary Stamp

Sworn to before me this _____ day of _____, 20_____

(Notary Print Name)

(Notary Signature)