northwest Clean Air agency
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www.nwcleanair.org

AMENDMENT
TO
NOTICE OF INTENT TO PERFORM AN ASBESTOS PROJECT

Agency Use Only

Case No. _____

Amendment No.:_____

IF A FEE IS REQUIRED
FAXED COPIES WILL NOT BE ACCEPTED

Use this form only when the following changes occur:

1. Project Category or Project type
2. Quantities exceeds more than or less than 20%
3. Project Start and/or Completion date
4. Work Shift Days and Hours
5. Address correction due to incorrect information
6. Contractor or Property owner information
7. Disposal Site

Do not amend minor changes such as job site supervisor

AGENCY CASE #: _____ CONTRACTOR JOB #: _____

JOB SITE ADDRESS: _____

PLEASE INDICATE ONLY THE CHANGES BELOW: **What is your Current Project Category?**_____

❑ TYPE OF PROJECT: _____PROJECT CATEGORY: _____

❑ **ADDITIONAL** QUANTITY TO BE REMOVED: _____SQUARE FT _____LINEAR FT

(**NEW** FOOTAGE TOTALS: _____ SQ FT _____ LN FT)

❑ PROJECT STARTING DATE: _____ COMPLETION DATE: _____

❑ WORK SHIFT DAYS: M T W TH F SA SU

❑ WORK SHIFT HOURS:

❑ JOB SITE ADDRESS: _____

_____

❑ REASON FOR ADDRESS CHANGE: _____

❑ DISPOSAL SITE: _____

❑ CONTRACTOR OR PROPERTY OWNER: (INDICATE NEW INFORMATION BELOW):

❑ ADDITIONAL COMMENTS (ATTACH ADDITIONAL SHEET 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 DATE

CONTRACTOR: _____

Phone:_____

I:Users\Dave\Asbestos Program\Asbestos Forms\Amendment Form

AGENCY USE ONLY