



ASBESTOS ABATEMENT PROJECT NOTICE OF INTENT L&I DOSH ASBESTOS PROGRAM

This notice must be received no later than 10 calendar days prior to the start date.

Complete all applicable boxes—incomplete or illegible notices will not be accepted. Circle changes on amended notices.

Mail to the address above or fax to (360) 902-4409.

Submit this form online or get more information at <http://www.lni.wa.gov/TradesLicensing/LicensingReq/Asbestos/>

Notice date: / /	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended	<input type="checkbox"/> Site Work Hours	Su	Mo	Tu	We	Th	Fr	Sa
Start date: / /	<input type="checkbox"/> On Hold	<input type="checkbox"/> Off Hold	am							
Completion: / /	<input type="checkbox"/> Emergency		to							
			pm							

Project Dates and Work Hours must be Exact

CONTRACTOR	PROPERTY OWNER
Company Name	Name
Contractor Certification Number	Owner's Agent
Signature	Company
Printed Name	Address
Phone Number	City State ZIP+4
Job Site C.A.S.	Phone number
JOB SITE	FACILITY
Address	Type
Building Name Room	Age Size
City WA	<input type="checkbox"/> Remodel <input type="checkbox"/> Demolition
ZIP + 4 County	<input type="checkbox"/> Repair <input type="checkbox"/> Maintenance

QUANTITY OF ASBESTOS TO BE: **REMOVED** **ENCAPSULATED**

Quantity _____ square feet	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors
<input type="checkbox"/> Fireproofing	<input type="checkbox"/> Boiler insulation
<input type="checkbox"/> Popcorn ceiling	<input type="checkbox"/> Duct paper
<input type="checkbox"/> CAB	<input type="checkbox"/> VAT
<input type="checkbox"/> Sheet vinyl	<input type="checkbox"/> Roofing
<input type="checkbox"/> Asbestos paper	<input type="checkbox"/> Other _____
Quantity _____ linear feet	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mag. pipe insulation	<input type="checkbox"/> Cement asbestos pipe
<input type="checkbox"/> Air cell pipe insulation	<input type="checkbox"/> Mudded pipe ins.
<input type="checkbox"/> Ducting/duct insulation	<input type="checkbox"/> Duct tape
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

CONTROL MEASURES			
<input type="checkbox"/> Neg. pres. enclosure	<input type="checkbox"/> Wrap & cut	<input type="checkbox"/> Glove bag	<input type="checkbox"/> Wet methods
<input type="checkbox"/> Mini enclosure	<input type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Critical barriers	<input type="checkbox"/> Manual methods
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

RESPIRATORY PROTECTION			
<input type="checkbox"/> ½ mask APR	<input type="checkbox"/> Type C continuous flow	<input type="checkbox"/> Full face APR	<input type="checkbox"/> Type C pressure demand
<input type="checkbox"/> PAPR	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____