



Olympic Region Clean Air Agency  
2940 Limited Lane NW  
Olympia, WA 98502  
(360) 539-7610 • FAX (360) 491-6308

# Asbestos Amendment Notification

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The Original Applicant must file the Amendment Notices.

Use this form to notify Olympic Region Clean Air Agency (ORCAA) of any changes to the original asbestos notification.

## **Amendments to Asbestos Projects**

You are required to notify ORCAA if the following information changes:

1. Contractor's contact information.
2. Project Start or Completion Dates.
  - a. The original notification will expire at 11:59 pm on the last Completion Date of record for the project.
  - b. Submit amendments prior to 4:30 pm on the last Completion Date of record. Amendments after that time are invalid.
  - c. If the notification expires and the project is not complete, you must submit and pay for another notification.
  - d. Under no circumstances will a project be extended beyond 1 year from original submission date.

3. If the project goes "on hold" or "off hold."

Note: If project will be on hold past the Completion date, the new completion date must be updated.

4. Work shift days or hours.
5. Additional amount of asbestos identified and abated. If the job category changes, the appropriate non-refundable fee must also be included.



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# Asbestos Amendment Notification

### PROJECT INFORMATION

<b>New Start Date:</b>	<b>On Hold date:</b>	<b>Off Hold date</b> (also need new completion date):	<b>New Completion date:</b>
<b>Additional Square Feet:</b>	<b>Additional Linear Feet:</b>	<b>New Work Shift Days:</b> M _ T _ W _ Th _ F _ Sa _ Su _	<b>New Work Shift Hours:</b>
<b>New Disposal Site:</b>			

### Please provide the following information:

#### PROPERTY OWNER

<b>Name:</b>	<b>Phone:</b> (    )	<b>Email:</b>	
<b>Site Address:</b>	<b>City:</b>	<b>County:</b>	<b>Zip:</b>

#### CONTRACTOR Check if same as property owner information.

<b>Business Name:</b>	<b>Phone:</b> (    )	<b>Email:</b>
<b>Onsite Contact:</b>	<b>Phone:</b> (    )	<b>Email:</b>

#### Additional Comments:

I do certify that I am the owner, authorized agent of the owner, or authorized contractor for the property subject to this ORCAA Notification. I authorize ORCAA staff to enter the property listed in this Notification at reasonable times for purposes of inspecting the work that is the subject of this Notification and to ensure compliance with conditions, applicable laws, and regulations. I understand this Notification does not authorize anyone to violate federal, state, or local laws or regulation pertaining to activities associated with this Notification. I have read and will abide by the conditions set forth in this Notification and any addendum thereto.

I do certify under penalty of perjury under the laws of the state of Washington that the information in this application and supplemental data is, to the best of my knowledge true, accurate and complete.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Print Applicant Name

<b>Date Received</b>	<b>Payment Info.</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check: # _____ <input type="checkbox"/> Credit Card Receive date: __/__/__	<b>Asbestos Notification</b> # _____ ASB00 _____  <b>Demolition Notification</b> # _____ DEM00 _____
<i>Agency Use Only</i>	<i>Agency Use Only</i>	<i>Agency Use Only</i>