

New Jersey Department of Health  
 Consumer, Environmental and Occupational Health Service  
 PO Box 369  
 Trenton, NJ 08625-0369  
 Telephone: 609-826-4950 Fax: 609-826-4975

**CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES  
 EXEMPTION REQUEST**

*Please type or print legibly.*

I. TYPE OF EXEMPTION WORK THAT WILL BE CONDUCTED			
<input type="checkbox"/> Floor File <input type="checkbox"/> Roofing <input type="checkbox"/> Siding <input type="checkbox"/> Transite <input type="checkbox"/> Other, Specify: _____			
II. GENERAL INFORMATION			
Name of Company: _____			
Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership			
Mailing Address: _____ City: _____ State: _____ Zip: _____			
Fax No.: _____ Telephone No.: _____ Federal ID No.: _____			
Corporation Number (if applicable) _____ Date Incorporated: ____ / ____ / ____ State Incorporated In: _____			
III. PRIMARY COMPANY CONTACT			
First Name: _____ Middle Initial: ____ Last Name: _____ Title: _____			
Address: _____ City: _____ State: _____ Zip: _____			
Telephone No.: _____ Email Address: _____			
IV. COMPANY (AS IDENTIFIED ABOVE) INFORMATION			
How long has the company/agency been in existence?    Years: _____ Months: _____			
Has the company's name changed within the past two (2) years? <input type="checkbox"/> No <input type="checkbox"/> Yes              If yes, explain below: _____ _____			
Is the company/agency an affiliate or subsidiary of any other organization? <input type="checkbox"/> No <input type="checkbox"/> Yes *			
* If you answered yes to the above question, list the name(s) and address(es) of the related organization(s) and explain the relationship on a separate piece of paper.			
List all owners, partners, shareholders (10% or more), officers, and directors of the company (use a separate sheet if necessary):			
<b>Name (Last, First, MI)</b>	<b>Address</b>	<b>Office/Title</b>	<b>% Ownership</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Go to Page 2 to complete this application.*

**CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES  
EXEMPTION REQUEST  
(Continued)**

**V. COMPANY'S HISTORY OF LEGAL ACTIONS**

If you answer "Yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances, and attach the statement to this form.

Has the company or any person identified on this form:

1. Been subject to, or has pending, any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP, NJDCA or NJDOH? .....  No       Yes
2. Now or has been subject to any order resulting from any criminal, civil or administrative proceeding brought against such company, persons or parties by any administrative, governmental or regulatory agency?.....  No       Yes
3. Been denied any license/certification/approval, or had it suspended or revoked by any administrative, governmental or regulatory agency? .....  No       Yes
4. Been disbarred, suspended or disqualified by any federal, state or municipal agency? .....  No       Yes
5. Been a defendant in any civil or criminal litigation? .....  No       Yes

**VI. HISTORICAL DATA**

Check most appropriate:

- I intend to use the data provided by the Resilient Floor Covering Institute (RFCI) which indicates that no significant exposure exists during the removal of asbestos containing floor tiles, when their methodology is applied to their described situation.
- The RFCI data is not applicable to the floor tile removal I am undertaking. Attached is data for the removal method which will be employed. This data represents airborne asbestos levels generated during and after the removal, and is proof that no significant exposure exists.
- I am undertaking the removal of (*check one*):     Transite     Roofing     Siding

Attached is historical or current data for this type of removal which indicates that no significant exposure exists during or after the removal of the material.

**VI. STATEMENT AND SIGNATURE**

*I agree that the information contained herein is accurate, true and complete, to the best of my knowledge. I understand that if such information contained herein is found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60.*

*I understand that this information is subject to verification and that I agree to provide any additional documentation, as required. For the same purpose, I also understand that outside sources may be contacted, therefore I hereby give permission for disclosure of any information which may be needed to determine if the contents of this document is valid and/or eligible. I also understand that failure to provide full disclosure of any of the requested or required information may result in the rejection of this request. I also understand that completion of this form does not guarantee approval of this Request.*

*By signing this form, I understand that, should this request be approved, I am required to follow any and all procedures prescribed by the New Jersey Department of Health in regulation and/or guidance documents as provided.*

*I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company identified in this document.*

Name (*Print*): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**DIRECTIONS FOR THE COMPLETION AND SUBMISSION OF THE  
“CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES—EXEMPTION REQUEST” FORM**

The “*Contractor Information for Non-Friable Asbestos Work Activities*” form must be fully completed and submitted along with the following items:

- Employee Training—Evidence that employees have been trained by the manufacturer on any specialized equipment to be used (such as a radiant heat machine), must be provided.
- OSHA Training—Must provide evidence of completion of a training course which complies with the OSHA Asbestos Standard, 29 CFR part 1926-1101, sections (k)(9)(iv) and (o)(4)(i) for Class II operations. This documentation must be submitted for each employee who will be removing the VAT.

The following steps must be followed prior to and during a VAT removal:

1. Heat must be used, following the RFCI recommended work practices for removal and clean-up.
2. The contractor must follow work practices which limit tile breakage during work. When tiles begin to break more than once every so often, removal activities must cease.
3. Contractors must have the scope of work on the job site at all times during the work.
4. Contractors must generally isolate the work area by posting notices and placing demarcation barriers between any building occupants and the work area.
5. All HVAC vents must be sealed with poly.
6. All building occupants not involved in the removal of the VAT must be restricted from entering the work area.
7. All movable objects must be moved out of the work area.
8. All horizontal surfaces must be wet wiped and High Efficiency Particulate Air (HEPA) vacuumed after removal is complete.
9. Contractors must comply with all applicable state and federal regulations regarding the transport and disposal of asbestos containing materials.

The removal of VAT, which is covered by carpeting, is not addressed in the RFCI work practices. Therefore, the following requirements should be followed when carpet covered VAT is removed:

1. Thoroughly saturate the carpeting prior to beginning the removal of the carpeting.
2. Cut the carpeting into manageable strips using a razor knife.
3. Firmly pull the carpeting up while continually misting both sides of the carpet.
4. Any tiles which remain attached to the carpeting should be removed and bagged, or the entire strip of carpeting should be bagged as ACM.
5. For the removal of tiles remaining on the floor, follow the RFCI work practices.
6. All debris, carpet, and tiles must be disposed of in accordance with any applicable federal and/or state regulations.

The completed form and supporting documentation should be sent to the following address:

**New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
Environmental and Occupational Health Assessment Program  
PO Box 369  
Trenton, NJ 08625-0369**

If you have questions regarding the completion or submission of this package, you can call 609-826-4950.

If you have questions regarding the disposal of asbestos waste in New Jersey you can contact the New Jersey Department of Environmental Protection (DEP) at 609-984-6985.