

Asbestos Waste Transportation Permit Application Instructions Authority: Nevada Administrative Code (NAC) 444.965-444.976

Section 1: Asbestos Waste Removal Contractor Information

- 1. Provide the full legal name of the company contracted to perform the abatement action.
- 2. Provide the contractor's mailing address. Include the street name address, city, state and zip code. Provide the contactor's physical address if different from mailing address.
- 4. Provide contractor's office and mobile telephone numbers.
- 5. Provide the FAX number and email address for the contracting entity.
- 6. Provide the name and phone number for owner/employee of the abatement contracting company.
- 7. Provide the Nevada State Contractors Board license number and type of license on the second half.

Section 2: Asbestos Waste Generation Site Information

- 1. Provide any descriptive name that may be associated with the location undergoing abatement, e.g. the name of a hotel, restaurant, etc. or if abating a private residence.
- 2. Provide address, city, state and zip code of the site undergoing abatement.
- 3. Provide the Assessor's Parcel Number and major cross streets.
- 4. Provide the name and phone number of the person who ordered the abatement (e.g. company employee, residential owner) and indicate the number of buildings on the property.

Section 3: Asbestos Waste Transporter Information

- 1. Provide the full legal name of the contractor that will transport the asbestos to a licensed disposal facility.
- 2. Provide the transporter's mailing address, including address, city, state, and zip code.
- 3. Provide the contractor's physical address if different from mailing address.
- 4. Provide the transporter's office and mobile telephone numbers.
- 5. Provide the transporter's FAX number and email address.
- 6. Provide the name and phone number for the owner/employee of the transportation company and the Nevada Department of Transportation License (NVDOT) number.

Section 4: Asbestos Waste Disposal Information

- 1. Provide the full proper legal name for the facility where the asbestos is to be disposed.
- 2. Provide the address, city, state and zip code of the disposal site.
- 3. Provide the name and phone number of the owner/employee at the disposal site.

Section 5: Description of Asbestos Waste

1. Provide a description of the asbestos containing material (ACM) that is to be removed from the facility undergoing abatement. Place the description on the lines adjacent to the heading "Description." Indicate if the ACM is friable or non-friable. Place the quantity of each ACM that is to be removed from the site into the boxes along the bottom of section 5. If the ACM is non-friable you will be required to provide analytical data supporting this classification

Note: the fee for transporting Non-Friable ACM is \$118; the fee for transporting friable ACM is \$150.

Section 6: Procedure

1. As described in section 6 of the Asbestos Waste Transportation Permit Application, attach a copy of the procedure which will be used to comply with NAC 444.965 -444.976. Attach documentation that supports the declaration that the asbestos waste in question is non-friable.

Section 7: Signatures

- 1. Provide the total number of pages included in the permit application.
- 2. Provide the name of the company performing the transportation of ACM to a permitted disposal facility.
- 3. Provide the name of the person representing the transportation company, most responsible for insuring that transportation meets all state and federal regulations.
- 4. Provide the full address of the transportation company.
- 5. The person most responsible for insuring proper transportation of the ACM will place their name and date.



ASBESTOS WASTE TRANSPORTATION PERMIT APPLICATION FORM

For SNHD Use Only									
	PERMIT NUMBER: _		<u></u>						
Date:			☐ Issued						
	Reviewed by:	Exp. Date:	Denied						
Abatement Start Date:		Transportation Completion Date:							
	Asbestos Waste Removal Contractor Information								
1.	Contractor Name								
	Mailing Address	Street Address	City, State, Zip						
	Physical Address	Street Address	City, State, Zip						
Telephone Number(s)		Office	Cellular						
		Fax Number	E-Mail Address						
		Contact Name and Phone Number	Nevada State Contractor's Board License Number and Type						
Asbestos Waste Generation Site Information									
2.	Building/Site Name								
	Site Address	Street Address	City, State, Zip						
		Parcel Number(s)	Site Cross-Streets						
		Site Contact Name and Phone Number	Number of Buildings on Site						
Asbestos Waste Transporter Information									
3.	Company Name								
	Mailing Address	Street Address	City, State, Zip						
	Physical Address	Street Address	City, State, Zip						
	Telephone Number(s)	Office	Cellular						
		Fax Number	E-Mail Address						
		Contact Name and Phone Number	NVDOT Number						
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Asbestos Waste Disposal Information										
4.	Class I Landfill	Site Name								
	Site Address	Street Address			City, State, Zip	City, State, Zip				
		Contact Name			Phone Number	•				
	Description of Asbestos Waste									
6.	Description									
	Amount of regulated asbestos containing	Pipes (linear fee		Surface Area (s	<u> </u>	Volume (cubic	1			
	material to be removed:	Friable	Non-friable	Friable	Non-friable	Friable	Non-friable			
6.	Procedure: Attach a copy of the procedure which will be used to comply with NAC 444.965 – 444.976, inclusive as required in NAC 444.972. Attach documentation supporting declaration of non-friable asbestos determination.									
	Signatures									
	I certify that I am the applicant or an authorized representative. I also certify that the information contained in this page application (including all attached documents) is true and correct to the best of my knowledge and belief.									
Company Name:										
Name:				Title:						
	Address:	Address: Phone:								
	Signature:				Date:					

Applications may be sent to: Southern Nevada Health District Solid Waste and Compliance Section P.O. Box 3902, Las Vegas, NV 89127 (702) 759-0661