

**Syracuse University  
Asbestos Contractor Qualification Form**

|  |                          |                         |                          |                       |                          |                            |
|--|--------------------------|-------------------------|--------------------------|-----------------------|--------------------------|----------------------------|
| <b>Name of Company:</b>  |                          |                         |                          |                       |                          |                            |
| <b>Street Address:</b>   |                          |                         |                          |                       |                          |                            |
| <b>Mailing Address (if different):</b>                           |                          |                         |                          |                       |                          |                            |
| <b>Contact person:</b>   |                          | <b>Contact Phone #:</b> |                          |                       |                          |                            |
| <b>Date when company began operating under its current name:</b> |                          |                         |                          |                       |                          |                            |
| <b>List name of any predecessor company:</b>                     |                          |                         |                          |                       |                          |                            |
| <b>Asbestos work to be performed:</b>                            | <input type="checkbox"/> | <b>Abatement</b>        | <input type="checkbox"/> | <b>Inspection</b>     | <input type="checkbox"/> | <b>Project Design</b>      |
|  | <input type="checkbox"/> | <b>Monitoring</b>       | <input type="checkbox"/> | <b>Air Monitoring</b> | <input type="checkbox"/> | <b>Management Planning</b> |
| <b>NYS DOL Asbestos Handling License #:</b>                      |                          |                         |                          |                       |                          |                            |

| <b>List all owners, officers, directors, partners or shareholders (&gt;5%) of the Company</b> |              |
|---|--------------|
| Name  | Company Role |
|   |              |
|   |              |
|   |              |
|   |              |

| <b>Has the Company or any of the owners, officers, etc., identified above, received, in the last 5 years, an NYSDOL, USEPA, or OSHA asbestos related violations or citations?</b> |              |                           |             |
|---|--------------|---------------------------|-------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO  |              |                           |             |
| <b>If Yes, please list all below:</b>   |              |                           |             |
| Date of Inspection  | Project Site | Violation/Citation Issued | Disposition |
|   |              |                           |             |
|   |              |                           |             |
|   |              |                           |             |

|   |  |
|---|--|
| <b>Has the Company, or any of the owners, officers, etc., identified above, in the last 5 years, been subject to the following:</b> |  |
| <b>Violation of federal, state or local health regulation/statute:</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>Violation of federal, state or local environmental regulation/statute:</b>   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>Citation or violation of a federal OSHA Standard:</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>Nonrenewal, suspension or revocation of a business license:</b>  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <b>If yes, explain:</b>   |  |
|   |  |

Have any of the owners, officers, etc. identified above been an owner, partner, officer directors or shareholder of another asbestos company in the last 5 years?  YES  NO

If yes, indicate the name of the company(s) and any NYSDOL, USEPA, or OSHA asbestos violations or citations received by that company during the last 5 years?

| Acknowledgements   |  |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company will only employ qualified, trained, and licensed personnel to perform asbestos related work at Syracuse University.                                |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company will not employ anyone for work at Syracuse University who is not skilled in the tasks assigned.  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company will comply with all applicable Federal, State and local asbestos regulations while performing asbestos related work at Syracuse University.        |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company will comply with all applicable Federal, State and local environmental, health and safety regulations while performing work at Syracuse University. |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company has a valid and current Respiratory Protection Program and will provide it to Syracuse University upon request                                      |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company has a valid and current Health and Safety Program and will provide it to Syracuse University upon request.  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | All asbestos project records for asbestos work performed at Syracuse University will be provided to the University at the completion of the project.             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company has insurance coverage that meets the University's insurance requirements and I have attached a current certificate(s) of insurance to this form.   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | This company has a valid license to perform asbestos work in NYS and a copy of the company's asbestos license is attached to this form.                          |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

**Syracuse University Use Only**

This company is approved to performed asbestos work, as indicated above, at Syracuse University for the period of \_\_\_\_\_ to \_\_\_\_\_

This company is NOT approved to perform asbestos work at Syracuse University due to the following: \_\_\_\_\_

|               |  |       |  |
|---------------|--|-------|--|
| Signature:    |  | Date: |  |
| Name (print): |  | Title |  |