HEALTH DEPARTMENT OF KANSAS CITY, MISSOURI
AIR QUALITY PROGRAM
2400 TROOST, SUIE 3200
KANSAS CITY, MO 64108
Office: (816) 513-6314
Fax: (816) 513-6173

FOR OFFICE USE ONLY

ASBESTOS NOTIFICATION AMENDMENT

This form must comply with Chapter 8 Section 8-9 (3)2.

PART A CONTRACTOR INFORMATION

1. ASBESTOS ABATEMENT CONTRACTOR NAME				
2. CONTACTOR'S STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
3. MISSOURI REGISTRATION NUMBER	REGISTRATION EXPIRATION DATE			CONACT PERSON

PART B PROJECT INFORMATION

1. PROJECT SITE NAME				
2. PROJECT SITE ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
3. PROJECT I.D. NUMBER ASSIGNED BY AIR QUALITY PROGRAM				

PART C AMENDMENT INFORMATION (ATTACH ANOTHER SHEET IF NECESSARY)

PROJECT INFORMATIO AS NOTIFIED	AMENDED TO

PART D SUPPLEMENTAL INFORMATION (AS NEEDED)

PART E AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE	DATE
PRINTED NAME	TITLE

(Rev. 8/09)