



## Asbestos Removal Certification

Permit Application Center  
12055 Government Center Parkway, Suite 230  
Fairfax, VA 22035-5504  
703-222-0801, TTY 711

This form, to be completed by the property owner or the owner's agent, is for the purpose of recordation of work in lieu of an inspection by Fairfax County under an asbestos removal permit. Upon completion of asbestos removal or abatement, return this form to the Permit Application Center; failure to do so will result in permit expiration without record of work. Original signatures are required on all "asbestos removal certifications".

### Removal Certification Form:

Address of structure: \_\_\_\_\_

Location of work, Floor: \_\_\_\_\_ Suite: \_\_\_\_\_

Description of work: \_\_\_\_\_

### Owner Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Contractor Information:

Asbestos removal permit number: \_\_\_\_\_

Completion date of asbestos removal: \_\_\_\_\_

Firm name: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**I certify that the above information is true and correct and that the removal or abatement of asbestos containing material was performed in accordance with the requirements of the *Uniform Statewide Building Code*.**

Signature of owner or owner's agent: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_