CITY OF ST. LOUIS DEPARTMENT OF HEALTH
AIR POLLUTION CONTROL

ASBESTOS NOTIFICATION AMENDMENT

PART A CONTRACTOR INFORMATION

ASBESTOS ABATEMENT CONTRACTOR NAME	ASBESTOS ABATEMENT CONTRACTOR REGISTRATION NUMBER			REGISTRATION EXPIRATION DATE
CONTRACTOR STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER WITH AREA CODE
CONTACT NAME	CONTACT TELEPHONE NUMBER WITH AREA CODE			CONTACT EMAIL

PART B PROJECT INFORMATION

PROJECT SITE NAME	PROJECT IDENTIFICATION NUMBER ASSIGNED BY THE AIR POLLUTION CONTROL PROGRAM		
PROJECT SITE ADDRESS	CITY	STATE	ZIP CODE

PART C AMENDMENT INFORMATION (Attach another sheet if necessary)

PROJECT INFORMATION AS NOTIFIED (Example: Start Time 7:00 a.m.)	AMENDED TO (Example: Start Time 7:30 a.m.)

PART D SUPPLEMENTAL INFORMATION (If needed)

PART E AUTHENTICATION

SIGNATURE OF COMPANY REPRESENTATIVE	COMPANY REPRESENTATIVE TITLE
REPRESENTATIVE NAME PRINTED OR TYPED	DATE