

Syracuse University

Asbestos Contractor Qualification Form

Return completed form to SU Physical Plant Asbestos Coordinator,
285 Ainsley Drive, Syracuse, NY 13244, (315)443-5697

Company Name:							
Street Address:							
Mailing Address (if different):							
Contact person:		Contact Phone #:					
Date when company began operating under its current name:							
List name of any related, sister or predecessor company:							
List any prior names of the applicant company:							
NYS DOL Asbestos Handling License #:							
Asbestos work to be performed:	<input type="checkbox"/>	Abatement	<input type="checkbox"/>	Inspection	<input type="checkbox"/>	Project Design	
	<input type="checkbox"/>	Monitoring	<input type="checkbox"/>	Air Monitoring	<input type="checkbox"/>	Management Planning	
SU CPDC project:							
SU CPDC Project Manager:							

List each owner, officer, director, partner or shareholder (>5%) of the Company	
Name	Company Role

<p>In the past 10 years, has the company or any of the owners, officers, directors, partners, employees or shareholders received or been the subject of an NYSDOL, USEPA, or OSHA asbestos-related:</p> <ul style="list-style-type: none"> • Notice of violation? <input type="checkbox"/> YES <input type="checkbox"/> NO • Administrative Proceeding? <input type="checkbox"/> YES <input type="checkbox"/> NO • Civil Action? <input type="checkbox"/> YES <input type="checkbox"/> NO <p>If Yes, please list all below:</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>

In the past 10 years, has the company or any of the owners, officers, directors, partners, employees, or shareholders been:

- The target or subject of a federal or state criminal investigation? YES NO
- Charged with a crime? YES NO

If Yes, please list all below:

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In the past 10 years, has the Company, or any of the owners, officers, directors, partners, or shareholders been subject to any of the following:

A notice of violation, administrative or civil proceeding concerning any federal, state or local health regulation/statute:	<input type="checkbox"/> YES <input type="checkbox"/> NO
A notice of violation, administrative or civil proceeding concerning any non-asbestos federal, state or local environmental regulation/statute:	<input type="checkbox"/> YES <input type="checkbox"/> NO
A notice of violation, administrative or civil proceeding concerning Citation or violation of a federal OSHA Standard:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Nonrenewal, suspension or revocation of a business license or insurance (including an asbestos license):	<input type="checkbox"/> YES <input type="checkbox"/> NO
Identified or listed as ineligible for any federal or state contracts:	<input type="checkbox"/> YES <input type="checkbox"/> NO

If yes, explain:

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Have any of the owners, officers, directors, partners, employees or shareholders been an owner, partner, officer, director or shareholder of another asbestos company in the last 10 years?

YES NO

If yes, indicate the name of the company(s) and identify any NYSDOL, USEPA, or OSHA notice of violation, citation, administrative, civil or criminal proceeding concerning that company during the past 10 years?

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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 only employ individuals for work at Syracuse University who are 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 compliant 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 an appropriate and current Health and Safety Program and will provide it to Syracuse University upon request.
<input type="checkbox"/> YES <input type="checkbox"/> NO	This company has a compliant and current OSHA Fall Protection 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 a current certificate(s) of insurance is attached 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.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Each company employee who will perform asbestos work at Syracuse University will have a valid NYSDOL asbestos worker certificate and a copy of the certification will be provided to the University upon request.

I certify that based on the information and belief formed after reasonable inquiry, the information provided here is true, accurate and complete.

Signature: _____ Date: _____
Name (print): _____ Title: _____

**Syracuse University has the right to qualify or disqualify any asbestos contractor or sub-contractor at its sole discretion.*

<u>Syracuse University Use Only</u>			
<input type="checkbox"/> YES <input type="checkbox"/> NO	This company is approved to perform asbestos work, as indicated above, at Syracuse University for the period of _____ to _____.		
Comments: _____ _____			
Signature:		Date:	
Name (print):		Title	