



## Asbestos Removal/Abatement Certification

Inspection Services Division  
2100 Clarendon Blvd., Suite 1000  
Arlington, VA 22201  
703-228-3800

This form must be completed by the licensed contractor that completed the removal or abatement of asbestos related materials according to the Code of Virginia. This form will serve as a record of completion of work in lieu of an inspection by Arlington County under an asbestos removal permit. Upon completion of asbestos removal or abatement, return this form to the Inspections Service Division; 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 Virginia Uniform Statewide Building Code.**

Signature of Licensed Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

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