

OWNER / OPERATOR INFORMATION

Facility Owner/Operator: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

DEMOLITION / RENOVATION COMPANY INFORMATION (Contractor/Consultant/In-House)

Contractor/Consultant Name: _____ AR License #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

Project Designer: _____ AR Cert #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____

Licensed Firm: _____ AR License #: _____

Note: A project designer is required if greater than 3 SQ FT/ 3 LN FT RACM or more than SSSD project is involved. A project designer should be certified, working as a full-time employee of the facility or licensed firm.

Inspector Name: BRIAN SUGGS AR Cert #: 016371
Address: 4405 BOSEY DR.
City: Springdale State: AR Zip Code: 72764
Contact Person: BRIAN SUGGS Telephone: 479-366-1831
E-Mail: INFO@NWAMONDINSPECTOR.COM
Licensed Firm: NWA MOND INSPECTOR AR License #: 000610

Note: An inspector is needed for all facility projects. Surveys are to be prepared by AR certified inspector working as a full-time employee of the facility or licensed firm.

Clearance Air Monitor: _____ AR Cert #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
E-Mail: _____
Licensed Firm: _____ AR License #: _____

Note: An air monitor is required if containment is used. An air monitor should be certified, working as a full-time employee of the facility or licensed firm.