

Division of Safety and Health
Asbestos Notification Unit
1220 Washington Ave.
Building 12, Room 161B
Albany, NY 12226



Date: ____ / ____ / ____
Project Address: _____

Correction Notice - Asbestos Notification

We have reviewed your asbestos notification and found it incomplete for the reason(s) checked below. Your notification is being returned to you. Please take the action indicated and return this letter together with your completed notification as soon as possible.

Complete item number(s)

Submit an initial notification for the attached approved emergency notification.

Submit proof of F.E.I.N. and license number.

Submit separate notifications for each building.

Your company license has expired, enclosed is the notification and payment that you sent. Send a copy of this notice with your payment when your license is renewed.

Your company has been suspended from conducting asbestos related work in NYS. Enclosed is the notification and payment that you sent.

Please resubmit using the attached current notification form.

Other: _____

If there are any questions, please contact the Notification Unit at the above address or by calling (518) 485-9263. **Please return this letter with your completed notification.**