



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR ALTERNATIVE WORK PRACTICES

Date	
Received	
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Entered	

Please provide the following information as required by the Regulations of Connecticut State Agencies, Section 19a-332a-11. Be sure to note if there are attachments. An incomplete application will result in a delayed response. Fee for application is \$200, payable to "Treasurer, State of Connecticut". Allow ten days to review application, except for emergency applications. Application may only be submitted by a licensed asbestos project designer.

1. PROJECT DESIGNER INFORMATION

Application Date: _____ Inspection Date: _____

Name of Project Designer _____

License # _____ Expiration Date _____ PD_Phone # _____

PD Address _____

PD City, State, Zip Code _____

Signature _____

2. PROPERTY INFORMATION

Facility Owner _____

Owner Address _____

Owner Phone _____ O_Contact Person _____

PROJECT NAME & ADDRESS Project _____

City/State /Zip _____

3. ASBESTOS ABATEMENT CONTRACTOR INFORMATION (IF KNOWN)

Asbestos Abatement Contractor _____ CT License # _____

C_Address _____

C_City, State Zip Code _____

Contractor Phone _____ C_Contact Person _____

4. PROJECT SUMMARY

Nature of Abatement _____ Renovation _____ Demolition _____ Start Date (if known) _____

Type of Asbestos Abatement _____ Removal _____ Enclosure _____ Encapsulation _____ Spot Repair _____

Type and Amount of Asbestos Material Pertaining to AWP (Use additional attachment if necessary)

Flooring (Specify (FT ²))	Mastic	Cement Board(FT ²)	Other Non-Friable (specify)
Caulking (LF) specify	Pipe Insulation (LF)	Pipe Fittings (each)	Other Friable (specify)



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