

**Asbestos-Free Verification**

**GENERATOR**

1. Work site name and mailing address:

Owner's Name: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Phone Number: (\_\_\_\_) \_\_\_\_\_

2. Contractor's name and mailing address

Contractor's Name: \_\_\_\_\_

Contractor's License No.: \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

Contractor's Phone Number: (\_\_\_\_) \_\_\_\_\_

3. Name, address and telephone number of company verifying asbestos-free status:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Description of Materials:

\_\_\_\_\_  
\_\_\_\_\_

4. Estimated number of loads: \_\_\_\_\_

5. Project start date: \_\_\_\_\_ Project End date: \_\_\_\_\_

All waste must be generated within Kootenai County,  
State of Idaho, per County Ordinance.

I hereby certify that the entire demolished building(s) and their contents to be disposed from the project address listed above have been reviewed and declared asbestos-free.

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Date

**ASBESTOS-FREE VERIFICATION**

**Office Verification – Asbestos-Free Status:**

The verification for \_\_\_\_\_, has been reviewed and all  
(Generator)  
documents are in order.

\_\_\_\_\_ is hereby authorized to dispose of the  
(Generator/Contractor)  
materials from \_\_\_\_\_, with disposal  
(Project Address)  
dates of \_\_\_\_\_ to \_\_\_\_\_.  
(Start date) (End date)

A copy of this office verification should accompany each load brought to the Solid Waste Department from this project.

\_\_\_\_\_  
Authorized Signature  
Kootenai County Solid Waste Department

**ASBESTOS-FREE VERIFICATION**