

**ASBESTOS ABATEMENT CONTRACTOR
QUALIFICATION STATEMENT**

1. General Information

Name of firm: _____

Contact Person: _____

Telephone #: (____) _____

Office address(es): _____

**Warehouse
address(es):** _____

**Intermediate
storage location(s):** _____

**Names of Waste
Transport Haulers** _____

Disposal site(s): _____

Total number of Supervisors on payroll: _____

Total number of Handlers on payroll: _____

**Total number of support staff:
(clerical, administrative, etc)** _____

Total number of employees: _____

COMPLIANCE

- 3. In the past five years, has the applicant firm been found to have committed:
 - a. violations of any labor laws or regulations including prevailing wage rates, fair labor practices and Labor Law 220?
 No Yes
 - b. any OSHA violations?
 No Yes
 - c. any construction-related violations of federal, state, or local environmental protection laws?
 No Yes
 - d. any other administrative, statutory or regulatory violations?
 No Yes

- 4. Are there any administrative charges pending against the applicant firm?
 No Yes

IF YES TO ANY PORTION OF QUESTIONS 3 OR 4, EXPLAIN BELOW IN FULL, INCLUDING AGENCY OR COURT, NATURE OF CHARGE(S), DATES AND STATUS OR OUTCOME. IF THERE WAS A FINE, INDICATE IF THE FINE WAS PAID. ATTACH ALL RELEVANT DOCUMENTATION

5. EQUIPMENT

List of primary equipment in your current inventory. Copy the table if more space is needed.

ITEM DESCRIPTION	QUANTITY
a. Negative Air Pressure Machines	
b. HEPA Vacuums	
c. Showers (Portable)	
d. Masks -Full Face Neg. Pressure Respirator	
-Half Face Neg. Pressure Respirator	
-P.A.P.R	
-Full Face Type C Supplied-Air Resp.	
e. High Pressure Air Storage Cylinders	
f. Airless Spray Devices	
g. Ladders/Scaffolds	
h. Waste Hauling Transport Vehicles (licensed)	
i. Polyethylene	
j. Disposable Suits	
k. Plastic Bags	
l. Duct Tape	
m. Encapsulant	
n. Other Primary Equipment (if applicable):	

ATTACHMENTS

6. On a separate sheet, describe or attach a copy of your firm's Worker Training Program.
7. On a separate sheet, list or attach a copy of your Quality Control Program.
8. On a separate sheet, list or attach a copy of your current Respirator Program (including qualitative fit and all other pertinent descriptive data).
9. Any supplemental information relevant to your firm's qualifications (e.g. brochures) may be included at the respondent's option.

CERTIFICATION

A material false statement or omission made in connection with this questionnaire is sufficient cause for denial of the application or revocation of a prior approval thereby precluding the applicant firm from performing work for the New York City School Construction Authority (SCA) either as prime contractor or subcontractor for a period of three years. In addition, such false submission may subject the person and/or entity making the false statement to criminal charges, including New York State Penal Law Sections 175.35 (offering a false statement for filing) and 210.20 (sworn false statement) and/or title 18 U.S.C. Section 1001 (false or fraudulent statement) and 1341 (mail fraud).

I _____, being duly sworn, state that I
am _____ of _____ and
that I have read and understood the questions contained in the attached questionnaire and its appendices.

I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful.

I acknowledge that the SCA may, by means it deems appropriate, determine the accuracy and truth of the statements made in the questionnaire.

I recognize that all the information submitted is for the express purpose of inducing the SCA to award a contract.

I authorize the SCA to contact any entity named in the questionnaire for the purpose of verifying the information supplied by the respondent.

A NOTARIZED SIGNATURE OF A PRINCIPAL OF THE FIRM IS REQUIRED.

Name Title

Signature Date

Sworn to before me
this ___ day of ___ 200__

NOTARY PUBLIC