

## ASBESTOS CERTIFICATION FORM

PA 3677 / 2-17

Complete this form and submit it with form PA 0531. If Part Three, which indicates that asbestos containing material will be disturbed during the term of the project, then complete and submit forms PA 3678. Professional engineer or architects and certified personnel must be licensed in the state where the work is to be performed. Complete one of the following.

**Part One – Certification of Non-Asbestos Project (Check appropriate statement)**

- The area of construction has been surveyed and no asbestos containing material (ACM) is present or will be disturbed during the course of this project. Attach a copy of the survey and test.
- The area of construction is a vacant lot and there are no existing structures to be surveyed\*.

\_\_\_\_\_  
Name of Professional  
Engineer or Architect

\_\_\_\_\_  
Signature of Professional  
Engineer or Architect

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Date

**Part Two – Asbestos Present – Not to be Disturbed**

The area of the construction has been surveyed. Asbestos is present within the area of work and will not be disturbed during the construction activities.

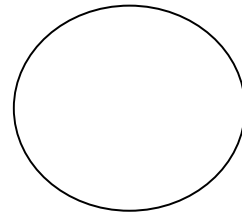
\_\_\_\_\_  
Name of Professional  
Engineer or Architect

\_\_\_\_\_  
Signature of Professional  
Engineer or Architect

\_\_\_\_\_  
License No.

\_\_\_\_\_  
Date

Professional Engineer's Seal

**Part Three – Certification of an Asbestos Project**

The area of the construction has been surveyed. Samples have been taken and the survey and test results of the asbestos containing material (ACM) are attached.

\_\_\_\_\_  
Name of P.A. Approved  
Environmental  
Consulting Firm

\_\_\_\_\_  
Signature of Certified  
AHERA Inspector

\_\_\_\_\_  
AHERA Inspector  
Certificate No.

\_\_\_\_\_  
Date

\* If suspect asbestos containing material is encountered during construction, The Contractor shall stop all work that may disturb the suspect material and notify the REO.

**For Port Authority Use Only**

A. Facility \_\_\_\_\_

B. TAA No. \_\_\_\_\_

Cost Recovery No. \_\_\_\_\_

C. Line Department Project Manager \_\_\_\_\_

Telephone Number \_\_\_\_\_