

**ASBESTOS REMOVAL**

**CERTIFICATION OF COMPLETION**

\_\_\_\_\_ hereby certifies the asbestos  
(Contractor)

removal work performed for the Iowa Department of Transportation as listed below, is complete and that all identified asbestos-containing materials have been properly removed in accordance with all local, state, and federal regulations.

<u>COUNTY</u>	<u>PARCEL/BLDG NUMBER</u>	<u>DOT PROJECT NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

Contractor to forward completed form to Iowa DOT Resident Construction Engineer (project engineer) along with the final project documentation.

RCE Office received \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Initials)

RCE/Project Engineer to forward completed form to Office of Location and Environment, ATTN: Brad Azeltine, after receiving contractor's final documentation.