

\*\*\*THIS IS A NEW APPENDIX. - PLEASE READ CAREFULLY.\*\*\*

**Unprocessed Asphalt Shingles Delivery Certification Form (Form 820010a)**

| DELIVERING ENTITY         |  |
|---------------------------|--|
| Company Name              |  |
| Address                   |  |
| Phone                     |  |
| Contact Name              |  |
| Address of Shingle Source |  |

| ACCEPTING ENTITY |  |
|------------------|--|
| Company Name     |  |
| Address          |  |
| Phone            |  |
| Contact Name     |  |
| *IDNR Permit #   |  |

\*If required

- Post-consumer**                       **Pre-consumer**  
**(Check One)**

We undersigned certify the following:

1. \_\_\_\_\_ tons of whole, unprocessed asphalt shingles have been delivered for processing. *(Report number of tons)*
2. The delivered material is from a NESHAP exempt structure or documentation stating the material does not contain asbestos has been submitted. The material has not been in contact with hazardous wastes and consists of asphalt shingles and normal roofing debris only.
3. Delivered asphalt shingles have been tested or inspected in accordance with Iowa DNR protocol by \_\_\_\_\_, (provide trainee name and certification number) who has been trained to identify asbestos-containing materials (ACM) by \_\_\_\_\_ (provide training program name). Suspected ACM have been rejected.

\_\_\_\_\_  
Delivering Entity (*signature*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Accepting Entity (*signature*)

\_\_\_\_\_  
Date