SEARCH FOR \* AND REPLACE WITH REQUIRED TEXT. PROJECT TITLE (INCLUDING LOCATION), DATE, CLIENT, AND PROJECT TEAM LEADER ARE TAKEN FROM THE PROJECT CONTROL (PRIME) WORKSHEET. THE ASBESTOS PROJECT DESIGNER NAME (IF REQUIRED) IS THE PRINTED NAME, SIGNATURE AND DOL LICENSE NO. IF THE CONTRACT DOES NOT INVOLVE ASBESTOS ABATEMENT THE ASBESTOS PROJECT DESIGNER LINE IS DELETED.

**PROJECT NO.\***

**\* WORK**

State of New York

Office of General Services

35th Floor, Corning Tower

The Governor Nelson A. Rockefeller

Empire State Plaza

Albany, NY 12242

Phone (518) 474-0203

FAX (518) 473-7862

**\*, 202\***

**CLIENT: \***

**PROJECT TEAM LEADER: \***

**ASBESTOS PROJECT DESIGNER: \***

|  |  |  |
| --- | --- | --- |
| Affix SealRegistration Expiration Date | Affix SealRegistration Expiration Date | Affix SealRegistration Expiration Date |