

# UNIFORM CONSTRUCTION CODE DEMOLITION PERMIT APPLICATION

PLEASE PRINT LEGIBLY

I (we) hereby wish to make application for the following demolition permit:

**Location of the Proposed Demolition:**

County: \_\_\_\_\_ Township or Borough: \_\_\_\_\_ Tax Parcel #: \_\_\_\_\_

Site Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Type of structure to be demolished: \_\_\_\_\_

Reason for demolition: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Owner: \_\_\_\_\_ Area Code & Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Area Code & Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Date of Application: \_\_\_\_\_

Signature: \_\_\_\_\_  
(if joint ownership, either party may sign)

## AFFADVIT

COMMONWEALTH OF PENNSYLVANIA, COUNTY OF \_\_\_\_\_ SS:

Before me, the undersigned authority in and for the Commonwealth and County aforesaid personally appeared:

\_\_\_\_\_ who, by me, first duly sworn to law depose(s) that he/she or they (is or are) the owner(s) of the above described property, that all the statements contained are truly and correctly set forth to the extent and character of the work for which this application has been made.

\_\_\_\_\_  
(Signature of Owner)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
(Affix seal of Office)

\_\_\_\_\_  
(Notary Public, Justice of the Peace or Alderman)

My commission expires \_\_\_\_\_ 20\_\_\_\_



### DEMOLITION REGULATIONS

1. Verification from all applicable utilities is required to confirm disconnects/shut-offs, etc. These documents must be submitted with the application.
2. Only methods of demolition will be permitted which insure that all phases of such demolition are strictly confined within the limits of the demolition area, and without hazard to adjacent properties, or to the public.
3. Explosives may not be used to demolish any unit or structure.
4. Under no circumstances shall any structure be set afire.
5. All buildings shall be completely razed. All floor construction over basements shall be removed; interior basement partitions and pieces of solid masonry construction shall be completely removed. All basement, cellar or foundation walls shall be completely removed.
6. Masonry basement floors may be cracked and left as part of the backfill if they are more than 18 inches below ground level.
7. All basement partitions, furnaces, heating apparatus, piping, gasoline or oil tanks, miscellaneous fixtures and stairways shall be removed from the area of condemnation.
8. All rubbish and debris found on the demolition area at the start of the work as well as that resulting from the demolition activities or deposited on the site by others until final inspection and approval shall be removed and legally disposed of by the contractor who shall keep the project area and public right-of-way reasonably clear at all times. Furthermore, the contractor shall remove all the demolition debris from the site each day.
9. Before starting backfilling operations, the contractor shall have inspected the empty basement with the Inspector.
  - a. No masonry materials larger than eight inches in any dimension will be considered suitable. No combustible material of any kind will be used or permitted in the backfilling. Fill should be hauled in and not gouged from the surrounding terrain.
  - b. Prior to placing the first layer, existing cellar floors and other surfaced areas shall be broken to insure adequate drainage.
10. The final 18" to the existing ground level shall be filled with clean dirt which is free of rubble and vegetable matter. The site shall be left in a clean and aesthetic condition with back filled shaped to the level of the surrounding terrain.
11. Final grading shall include two inches of topsoil on top of the lot and seeding with approved seed.
12. All requirements of the 200. International Building Code pertaining to demolition must be complied with.

**I have read the above regulations and agree to comply with the same.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Notify PA One Call at 800-242-1776 at least 3 days prior to start of demolltion or excavation.**

## Instructions



## ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

**Complete all applicable sections of the notification.** Fax copies are not accepted, as the notification must be certified with an original signature. To avoid a violation by failure to report, it would be prudent to submit a notification regardless of friability of materials. This form is used to satisfy the notification requirements of the following agencies:

- PA Department of Environmental Protection
- PA Department of Labor and Industry
- Allegheny County Health Department
- City of Philadelphia Department of Public Health
- US Environmental Protection Agency

Questions relative to specific filing requirements and enforcement regulations should be directed to the governing agency. Addresses and phone numbers are listed on the reverse. **Do not mail original notifications to the Department of Labor and Industry.**

**Special Notations:**

- All REVISIONS to a previous notification should be highlighted
- Item #5 - Check the box that best describes the entire project
- Item #6 - The "Job No." portion of this Item is provided for those contractors who assign a unique job # to their projects
- Item #12 - Please provide the information in the format requested
- If additional space is needed for any descriptive text, please continue on a blank sheet, and attach

For projects in all areas except Allegheny County and the City of Philadelphia, this Notification and subsequent revisions (one original only, no copies) must be submitted to the following address.

Regular Mail  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
PO BOX 8468  
HARRISBURG, PA 17105-8468

Overnight/Express Mail/Hand Delivery  
ASBESTOS NOTIFICATION  
DEP BUREAU OF AIR QUALITY  
400 MARKET STREET  
HARRISBURG, PA 17101

For projects in Allegheny County or the City of Philadelphia, this form must be submitted to the appropriate address, directly following. Allegheny County requires two copies, the City of Philadelphia, three. If this project requires a permit application, it must be approved prior to the start of the project, and 2 copies must be included with the notification. A copy of the facility inspection survey must also be included for all demolition projects. Do not send these documents directly to Harrisburg.

Allegheny County Health Department  
Air Quality Program  
Building 7  
301 39th Street  
Pittsburgh, PA 15201-1891  
Attn: Asbestos Abatement Permitting

City of Philadelphia  
Department of Public Health  
Air Management Services  
Asbestos Control Unit  
321 University Avenue  
Philadelphia, PA 19104-4597

Allegheny County - A permit is required if the project involves at least 260 linear feet or 160 square feet of any asbestos containing material. For Item #10, the survey must be included for demolition projects. Item #25 should be signed by the Contractor. Item #26 should be signed by the Facility Owner. Information can be obtained by calling 412-578-8133.

City of Philadelphia - A permit is required if the project involves 80 or more square feet or 40 or more linear feet of friable asbestos containing material and does not involve an exempted private residence. Information can be obtained by calling 215-685-7576.

If this project is regulated by the Asbestos NESHAP, a photocopy of this notification must be sent to EPA Region III at the address directly following. EPA's telephone number is 215-814-2164/215-814-2135.

Asbestos NESHAP Coordinator (3WC32)  
US EPA Region III  
1650 Arch Street  
Philadelphia, PA 19103-2029

Questions regarding completion of the notification form should be directed to 717-772-3993/717-787-9257 or the appropriate enforcement agency listed on the reverse.

**REMINDER:** Notifications must contain original signatures for items 25 and 26 or they will be returned to the sender, unprocessed. If a notification is returned for original signature, the ten-day reporting period will begin with the postmark date of the resubmitted notification with original signature.

— SEE REVERSE FOR LIST OF CONTACTS —

## STATE AND LOCAL AGENCY CONTACTS

### City of Philadelphia

City of Philadelphia  
Department of Public Health  
Air Management Services  
Asbestos Control Unit  
321 University Avenue  
Philadelphia, PA 19104-4597  
215-685-7576

### Allegheny County

Allegheny County Health Department  
Air Quality Program  
Building 7  
301 39th Street  
Pittsburgh, PA 15201-1891  
412-578-8133

### All Other Counties

Bradford, Cameron, Centre, Clearfield, Clinton,  
Columbia, Lycoming, Montour, Northumberland,  
Potter, Snyder, Sullivan, Tioga, and Union

### DEP Contact

DEP Northcentral Region  
208 West 3rd Street - Suite 101  
Williamsport, PA 17701-6448  
570-327-3638

Carbon, Lackawanna, Lehigh, Luzerne, Monroe,  
Northampton, Pike, Schuylkill, Susquehanna,  
Wayne, and Wyoming

DEP Northeast Region  
2 Public Square  
Wilkes-Barre, PA 18711-0790  
570-826-2531

Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson,  
Lawrence, McKean, Mercer, Venango, and Warren

DEP Northwest Region  
230 Chestnut Street  
Meadville, PA 16335-3481  
814-332-6940

Adams, Bedford, Berks, Blair, Cumberland, Dauphin,  
Franklin, Fulton, Huntingdon, Juniata, Lancaster,  
Lebanon, Mifflin, Perry, and York

DEP Southcentral Region  
909 Elmerton Avenue  
Harrisburg, PA 17110  
717-705-4702

Bucks, Chester, Delaware, and Montgomery

DEP Southeast Region  
2 East Main Street  
Norristown, PA 19401  
484-250-5920

Armstrong, Beaver, Cambria, Fayette, Greene,  
Indiana, Somerset, Washington, and Westmoreland

DEP Southwest Region  
400 Waterfront Drive  
Pittsburgh, PA 15222-4745  
412-442-4174

### Labor & Industry Contact

Department of Labor and Industry  
Bureau of Occupational and Industrial Safety  
Seventh and Forster Streets - Room 1623  
Harrisburg, PA 17120  
717-772-3396



**ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM**

<p><b>For Official Use Only</b></p> <p>Postmark Date: _____</p> <p>Project ID#: _____</p> <p>Permit #: _____</p> <p>Other #: _____</p> <p>Inspector: _____</p>	<p>Date Received 1</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Date Received 2</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

<p>1. TYPE OF NOTIFICATION (check one):</p> <p><input type="checkbox"/> Revision (highlight here, and changes)</p> <p><input type="checkbox"/> Postponement</p>	<p><input type="checkbox"/> Initial <span style="margin-left: 100px;"><input type="checkbox"/> Annual Notification</span></p> <p><input type="checkbox"/> Phase of Annual Notification</p> <p><input type="checkbox"/> Cancellation</p>
<p>Date of Initial Notification or, if previously revised, date of last revision: _____</p>	
<p>2. PROJECT LOCATION (check one):</p> <p><input type="checkbox"/> Allegheny County    <input type="checkbox"/> City of Philadelphia    <input type="checkbox"/> Other Location in PA (specify county): _____</p>	
<p>3. For Allegheny County and City of Philadelphia projects only:</p> <p>A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)</p> <p>B. For City of Philadelphia projects requiring a permit:</p> <p>Asbestos project inspector: _____ Certification #: _____</p> <p>Company name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: _____</p>	
<p>4. WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)</p>	
<p>5. TYPE OF OPERATION (check one):</p> <p><input type="checkbox"/> Demolition    <input type="checkbox"/> Ordered Demolition</p>	<p><input type="checkbox"/> Abatement prior to Demolition</p> <p><input type="checkbox"/> Renovation    <input type="checkbox"/> Emergency Renovation</p>
<p>6. FACILITY DESCRIPTION: <span style="float: right;">Job No.: _____ (see instructions)</span></p> <p>Facility Name: _____</p> <p>Street/Rural Address: _____</p> <p>City: _____ State: PA Zip Code: _____</p> <p>Present use: _____ Prior use: _____</p> <p>Will the facility be occupied during the abatement activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Facility size in square feet: _____ # of floors: _____ Age in years: _____</p>	
<p>7. ABATEMENT CONTRACTOR:</p> <p>Company name: _____</p> <p>Allegheny County or City of Philadelphia License # (if applicable): _____</p> <p>Street/Rural/POB Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Contact: _____ Telephone No. (between 8:00 &amp; 4:30): _____</p>	

8. DEMOLITION CONTRACTOR:  
 Company name: \_\_\_\_\_  
 Street/Rural/POB Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

9. FACILITY OWNER:  
 Owner name: \_\_\_\_\_  
 Street/Rural/POB Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

10. FACILITY INSPECTION (required for renovation and demolition projects):  
 Building inspector: \_\_\_\_\_ Certification # \_\_\_\_\_  
 Date of inspection: \_\_\_\_\_ Is any material assumed to be asbestos?  Yes  No  
 Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
 \_\_\_\_\_

Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

11. IS ANY TYPE OF ASBESTOS PRESENT  Yes  No If Yes, please list in #12

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.  
 PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
FRI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
NF1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
NF2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
(Note: Allegheny County treats all ACM as friable)		NON - None	

13. Is this project regulated by NESHAP  Yes  No  
 A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Daily hours of operation: \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm  
Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su
- B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Daily hours of operation: \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm  
Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su
- C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Daily hours of operation: \_\_\_\_\_ am \_\_\_\_\_ pm to \_\_\_\_\_ am \_\_\_\_\_ pm  
Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su

COMMENTS:

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15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

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16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

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17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. Transporter #2 name: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm  
 Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su
- B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm  
 Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su
- C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_  am  pm to \_\_\_\_\_  am  pm  
 Days of week (check)  Mo  Tu  We  Th  Fr  Sa  Su

COMMENTS:

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15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

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16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

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17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. Transporter #2 name: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_



18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

A. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

19. AIR MONITORING FIRM(S)

A. Company name/individual: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. Final clearance firm: (if different than 19A) \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Final clearance firm was hired by (check one)  Contractor  Owner  
 Other Explain \_\_\_\_\_

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_  am  pm

Description of the sudden, unexpected event:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. FOR ORDERED DEMOLITIONS (attach copy of order):  
 Government agency that ordered: \_\_\_\_\_  
 Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:  
 Project designer: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Contractor (Individual): \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Contractor (Firm) \_\_\_\_\_ Certification #: \_\_\_\_\_

**\*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\***

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

\_\_\_\_\_  
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

\_\_\_\_\_  
 (Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**