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| DOTLOGO2 | | | | | | | | | | | | | | | | | | **Supplier Certification Form for Manufacturer’s Salvaged and   Post-Consumer (Tear-Off) Asphalt Shingles** | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **PART I: Supplier Company** | | | | | | | | | | | | | | | | | |  | **PART II: Supplier Rep (unless same as PART I)** | | | | | | | | | |
| *Please indicate which best describes the Supplier:* | | | | | | | | | | | | | | | | | |  | Rep’s name: | | | |  | | | | | |
|  | | <-Manufacturer  <-Homeowner | | |  | | | <- C&D  <-Roofing company | | | | | | | | | |  | Rep’s title: | | |  | | | | | | |
| Supplier name: | | |  | | | | | | | | | | | | | | |  | Rep’s phone: | | | |  | | | | | |
| Supplier phone: | | |  | | | | | | | | | | | | | | |  | Rep’s e-mail: | | | |  | | | | | |
| Supplier e-mail: | | |  | | | | | | | | | | | | | | |  | Rep’s address (if not same as Supplier main address): | | | | | | | | | |
| Supplier address: | | | | | | | | | | | | | | | | | |  |  | |  | | | | |  | | |
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| **PART III: Shingle Verification** *(Please check the following boxes as directed.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |
| **Mark all that apply.** | | | | | | | *I the undersigned certify that:* | | | | | | | | | | | | | | | | | | | | | |  |  | Contact’s e-mail: |
|  | | | | | | |  | | I have completed all appropriate hauler training. | | | | | | | | | | | | | | | | | | | |  |  |  |
|  | | | | | | |  | | All shingle material delivered is from an approved Supplier cited in the Source’s Quality Control Plan. | | | | | | | | | | | | | | | | | | | |  |  |  |
| **Fill out if you selected “C&D” or “Roofing Company” in PART I.** | | | | | | | *Please check ONLY ONE of the following options:* | | | | | | | | | | | | | | | | | | | | | |  |  |  |
|  | | | | | | |  | | **(1):** Asbestos test results are included, indicating all material is Asbestos Free. | | | | | | | | | | | | | | | | | | | |  |  |  |
|  | | | | | | |  | | **(2):** Asbestos testing has been initiated but is not complete. | | | | | | | | | | | | | | | | | | | |  |  |  |
| **PART IV: To be completed by Trained Hauler/Homeowner** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Trained Hauler/Homeowner (print name) | | | | | | | | | | | | |  | | Trained Hauler/Homeowner (signature) | | | | | | | | Date | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **For Source Use Only:** *One or two certified asbestos inspectors may fill out this section over time.* | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
|  | **Load status:** | | |  | | <-Accepted | | | |  | <-Rejected | | | | **Reason for rejection:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |  | |
|  | **Delivery Vehicle License**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Certified asbestos inspector (Print name) | | | | | | | | | | | | |  | | Certified asbestos inspector (Signature) | | | | | | | | Date | | |  | |
|  | **Results of asbestos testing (attached):** | | | | | | | | | | |  | <-Asbestos Free | | | | | |  | <-Asbestos found | | | | | | | |  |
|  |  | | | | | | | | | | | | |  | |  | | | | | | | | | | |  | |
|  | Certified asbestos inspector (Print name) | | | | | | | | | | | | |  | | Certified asbestos inspector (Signature) | | | | | | | | Date | | |  | |
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