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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: |  |  |        |  |
|  |       |  |  |  |       |  |
|  |       |  |  |  |       |  |
|  |       |  |  |  |       |  |
|  |  |  |  |  |  |  |
| **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** |
|  |  |  |  |  |
|  | 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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |
|  | 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 |  |
|  |  |  |