



ASBESTOS FREE DOCUMENTATION

FSU Project Name: _____

FSU Building Name: _____

FSU Bldg. Number: _____

a) Building Renovation Certification

I have reviewed all building materials used in this renovation project and attest and confirm no asbestos products were used on this project in accordance with Florida Statutes Title XVIII, Section 255.40 - Prohibition on Use of Asbestos Building Materials.

1. Construction Manager:

Signature: _____ Date: _____, 20__

License # _____ Expiration Date: _____

2. General Contractor:

Signature: _____ Date: _____, 20__

License # _____ Expiration Date: _____

3. Architect / Engineer:

Signature: / Seal _____ Date: _____, 20__

License # _____ Expiration Date: _____

b) Building Construction Certification

I have reviewed all building materials used in this Construction project and attest and confirm no asbestos products were used on this project in accordance with Florida Statutes Title XVIII, Section 255.40 - Prohibition on Use of Asbestos Building Materials.

4. Construction Manager:

Signature: _____ Date: _____, 20__

License # _____ Expiration Date: _____

5. General Contractor:

Signature: _____ Date: _____, 20__

License # _____ Expiration Date: _____

6. Architect / Engineer:

Signature: / Seal _____ Date: _____, 20__

License # _____ Expiration Date: _____