



PART I: Supplier Company	PART II: Supplier Rep (unless same as PART I)
<p><i>Please indicate which best describes the Supplier:</i></p> <p><input type="checkbox"/> <-Manufacturer <input type="checkbox"/> <- C&D</p> <p><input type="checkbox"/> <-Homeowner <input type="checkbox"/> <-Roofing company</p> <p>Supplier name: _____</p> <p>Supplier phone: _____</p> <p>Supplier e-mail: _____</p> <p>Supplier address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Rep's name: _____</p> <p>Rep's title: _____</p> <p>Rep's phone: _____</p> <p>Rep's e-mail: _____</p> <p>Rep's address (if not same as Supplier main address):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

PART III: Shingle Verification *(Please check the following boxes as directed.)*

Mark all that apply.	<p><i>I the undersigned certify that:</i></p> <p><input type="checkbox"/> I have completed all appropriate hauler training.</p> <p><input type="checkbox"/> All shingle material delivered is from an approved Supplier cited in the Source's Quality Control Plan.</p>
Fill out if you selected "C&D" or "Roofing Company" in PART I.	<p><i>Please check ONLY ONE of the following options:</i></p> <p><input type="checkbox"/> (1): Asbestos test results are included, indicating all material is Asbestos Free.</p> <p><input type="checkbox"/> (2): Asbestos testing has been initiated but is not complete.</p>

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