



## ASBESTOS IDENTIFICATION SUBMISSION FORM

(Do **NOT** write in the grey boxes)

### Contact and Payment Details

|                           |                           |   |
|---------------------------|---------------------------|---|
| <b>Company:</b>           |                           | <b>Job no:</b>  |
| <b>Contact name:</b>      |                           | <b>Date received:</b>   |
| <b>Your reference no:</b> |                           | <b>Payment method:</b><br>cash cheque internet (circle)<br><b>\$85.00 inc. GST per sample</b> |
| <b>Postal address:</b>    |                           |   |
| <b>Email address:</b>     |                           |   |
| <b>Phone no:</b>          | <b>Date samples sent:</b> | <b>Paid:</b> yes no (circle)  |
| <b>Mobile no:</b>         |                           | <b>Amount:</b>  |
|                           |                           | <b>Note:</b>  |

### Sample Details

| <b>Address samples taken:</b> _____  |                         | <b>or:</b> as per postal address (circle) |  |  |
|--------------------------------------|-------------------------|---|--|--|
| <b>Sample summary:</b> _____ x _____ |                         | sample(s)                                 |  |  |
| <b>Job sub-no:</b>                   | <b>Registration no:</b> | <b>Sample no:</b>                         | <b>Sample description:</b><br><i>(e.g. vinyl flooring, textured ceiling, fibre cement cladding, pipe insulation, gasket)</i> | <b>Sample location:</b><br><i>(e.g. level 2, lounge, soffit, boiler room, ceiling space, NE stairwell)</i> |
|                                      |                         | 1   |  |  |
|                                      |                         | 2   |  |  |
|                                      |                         | 3   |  |  |
|                                      |                         | 4   |  |  |
|                                      |                         | 5   |  |  |
|                                      |                         | 6   |  |  |
|                                      |                         | 7   |  |  |
|                                      |                         | 8   |  |  |
|                                      |                         | 9   |  |  |
|                                      |                         | 10  |  |  |

### Additional Information

|  |
|--|
|  |
|--|

### Delivery Instructions

|   |
|---|
| <ul style="list-style-type: none"> <li>Enclose each sample in separate, double-sealed plastic bags (e.g. zip-lock), labelled with the sample details</li> <li>Include this completed <i>Asbestos Identification Submission Form</i> with the samples</li> <li>Post to: <b>PO Box 112-017, Penrose, Auckland</b> (NOTE: Do <b>NOT</b> post to our physical address; this will delay delivery)<br/>Courier or drop off to: <b>4 Cain Rd, Penrose, Auckland</b></li> <li>Our phone no: <b>09 526 0246</b></li> <li>Our email address: <b>info@dowdellassociates.co.nz</b></li> </ul> |
|---|

|                                   |  |
|-----------------------------------|--|
| <b>Reported:</b> (Initials) Date: | <b>Invoiced:</b> (Initials) Date:                    |
| <b>Checked:</b> (Initials) Date:  | <b>Phoned:</b> (Initials) <b>Emailed:</b> (Initials) |