



## ASBESTOS IDENTIFICATION SUBMISSION FORM

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

### Contact and Payment Details

<b>Company:</b>		<b>DAL Job no:</b>
<b>Contact name:</b>		<b>Date received:</b>
<b>Postal address:</b>		<b>Payment method:</b> cash   eftpos   internet <small>(circle)</small> <b>\$85.00 inc. GST per sample</b>
<b>Email address:</b>		
<b>Contact phone no:</b>	<b>Date samples sent:</b>	<b>Our bank details:</b> BNZ a/c no. <b>02-0240-0254595-00</b>
<b>Your reference no:</b>		<b>Paid:</b> yes   no <small>(circle)</small>
		<b>Amount:</b>

### Sample Details

<b>Address samples taken:</b> _____ <b>or:</b> as per postal address <small>(circle)</small>				
<b>Sample summary:</b> _____ x _____ sample(s)				
Your sample no:	DAL Reg. no:	Sample no:	Sample location: <small>(e.g. level 2, lounge, soffit, boiler room, ceiling space, NE stairwell)</small>	Sample description: <small>(e.g. vinyl flooring, textured ceiling, fibre cement cladding, pipe insulation, gasket)</small>
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### Additional Information

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### Delivery Instructions

• Enclose each sample in <b>two</b> resealable plastic bags (e.g. zip-lock), <b>labelled with the sample details</b>
• Include this completed <i>Asbestos Identification Submission Form</i> with the samples
• Courier or drop off to: <b>20Q Cain Rd, Penrose, Auckland</b>
• Our phone no: <b>0800 369335</b>
• Our email address: <b>info@dal.kiwi</b>

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