

Notification of asbestos removal work (Assessor details)

3. DETAILS OF PERSON WHO WILL BE UNDERTAKING THE CLEARANCE CERTIFICATE INSPECTION AND ISSUE THE CLEARANCE CERTIFICATE

Title	Family/Surname	
Mr	Boyd	
Given Name		
Gary		
Other Names		
Date of Birth		
24/01/1972		
Day Time Contact Number	Mobile Number	Fax Number
0240 229 599	0414 451 533	N/A
Email		
info@asbconsulting.com.au		
Asbestos Assessor Licence Number (if Applicable)		
N/A		
Name of Department of Issue		
ASB Consulting		
State/Territory		
NSW		