



Notification Form

- When completed, please return this form to the HSE at the address above.
- This form may be photocopied for use in subsequent notifications.

Please use block capitals

The notification period starts when this form, accompanied by a suitable/acceptable method statement is received by the Health & Safety Executive

1 Licence Holder details

Name Licence number Expiry date

Address (including postcode)

Name of person dealing with job Telephone number Fax number Mobile telephone number

2 Occupier or employer or contractor to whom the licence holder is contracted

Name Telephone number Contact Person Mobile telephone number

3 Details of job

Site address where asbestos work is to be carried out

Exact work location / description of where on these premises work is to be carried out

Site telephone number Actual start date of set up on site Expected duration of work

Type of work to be undertaken (please tick relevant box)

Asbestos coating Asbestos insulation Asbestos insulating board Other (please specify)

Activity – does the work involve?

Dry stripping Use of power tools Work on or in proximity to hot surfaces

(These work methods should be avoided. If you have ticked any of these boxes, justification must be included in a separate note; specific reference to control measures must be included in the method statement)

Size of job Maximum number of persons employed in the work at any one time

4. Other asbestos licence holder's information

Are any other asbestos licence holders involved in the work / subject? Yes No

Name In what capacity are they involved? (eg supplying labour, ancillary / supervisory work)

Signature Print name Date

Position