

NEW YORK CITY BOARD OF EDUCATION GENERAL FIELD VERIFICATION FORM

NAME OF THE CONSULTING FIRM: ATC Associates Inc.

SPECIFICATION NO.: _____

SCHOOL: 115 For Leadership and Public Services (MS44) ADDRESS: 90 Trinity place New York NY 10006

TYPE OF SERVICES PROVIDED: (check as applicable)

- ☐ ASBESTOS TECHNICIAN
 ☐ PROJECT DESIGNER*
 ☐ MISC. CONSULTING SERVICES
☒ AIR SAMPLING TECHNICIAN
 ☐ PROJECT MONITOR

LOCATIONS(S): Throughout the BldgWORK PERFORMED: Air Sampling

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
3/10/02	7 ⁰⁰	18 ⁰⁰	C. Mathew	C M	D. KENNEY	[Signature]

NOTE: Please complete the following as applicable, indicate "N/A" if not applicable.

Asbestos Inspector's no. of school visits: _____

Air Sampling Technician's no. of school visits: _____

*Minimum payment for Project Designer's services shall be four (4) times the unit price per hour.

Project Monitor's total no. of hours: _____

Misc. consulting services no. of hours: _____