NEW YORK CITY BOARD OF EDUCATION
GENERAL FIELD VERIFICATION FORM

NAME OF THE CONSULTING FIRM: ATC Associates Inc. SPECIFICATION NO.: 19125-0286

SCHOOL: Murry BEGTRAUM HS ADDRESS: 411 Pearl street

TYPE OF SERVICES PROVIDED: (check as applicable)

- [ ] ASBESTOS TECHNICIAN
- [ ] AIR SAMPLING TECHNICIAN
- [ ] PROJECT DESIGNER*
- [ ] PROJECT MONITOR
- [x] MISC. CONSULTING SERVICES

LOCATIONS(S): Entire School WORK PERFORMED: IAQ

DATE	TIME		NAME OF THE PROFESSIONAL		NAME & SIGNATURE OF AUTHORIZED PERSONNEL CUSTODIAN/PRINCIPAL	
	IN	OUT	name (print)	signature	name (print)	signature
11/15/01	12: noon	4: PM	Wageli Shahid	[signature]		
11/15/01	12: noon	4: PM	Tenzin Namgyal	[signature]		
11/15/01			B. GARRISON	[signature]	Custodian	

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: _____

CITY_21MC100_007244766