



Asphalt Shingles Supply Certification Form

DELIVERING ENTITY	
Company Name	
Address	
City, State, Zip	
Contact Name	
Phone	
E-Mail	
Address of shingle source*	
City, State, Zip	

* Please attach additional sheets as needed to record each customer address

We, the undersigned, certify that:

1. All *Post Consumer or Tear-Off* asphalt shingle scrap came from residential buildings having four or fewer dwelling units (see address above or attached);
2. These residential buildings are not "regulated facilities" according to state and federal NESHAP 40 CFR Part 61, Subpart; and
3. The roofing waster material delivered consists of asphalt shingles and normal roofing debris only and contains no known hazardous material (e.g., asbestos); and
4. All *Post Consumer or Tear-Off* asphalt shingle scrap came from residential roof that was installed after 1972.

Delivering Entity (printed name & signature)

Date

TO BE COMPLETED BY LL PELLING

ACCEPTING ENTITY	
Location	<input type="checkbox"/> Iowa City <input type="checkbox"/> Cedar Rapids <input type="checkbox"/> Dubuque <input type="checkbox"/> Marion
Vehicle License Plate	
Check One	<input type="checkbox"/> Load Accepted <input type="checkbox"/> Load Denied
Reason for Denial	

LL Pelling Inspector: (printed name & signature)

Date