

WORK COMPLETION CERTIFICATION

This certification is made by:

Name: _____

Address: _____

Company: _____

1. I am a licensed or certified asbestos abatement contractor in the state of _____.
2. On _____ (date), I/ my company, completed the removal/abatement of Zonolite attic insulation from the structure that is the subject of this claim.

I offer this certificate in support of the proof of claim filed by _____
(claimant name).

I understand that the ZAI Trust may contact me for confirmation of this information.

Signature Date

Printed Name

Contact Information