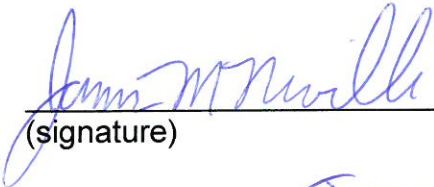


NORTH ADAMS PUBLIC SCHOOLS

37 Main Street, Suite 200 * North Adams, Massachusetts 01247

As the Designated Person for the North Adams Public Schools, I assure that the responsibilities assigned to the Local Education Agency ("LEA") pursuant to the Asbestos Hazard Emergency Response Act ("AHERA") 40 C.F.R. §763.84 have been or will be met.



(signature)

__James M. Neville__ 
(print name)

__37 Main Street, Suite 200, North Adams, MA 01247
(address)

413-776-1458 Ext. 2002 jneville@napsk12.org__
(telephone number/email address)

The Designated Person has received the following training:

__AHERA Designated Person_____
(title of course)

__Holy Cross, Worcester, MA_____
(location of course/training provider)

__March 7, 2017_____
(date of course)

__4 hours_____
(number of hours)