

CLANDESTINE DRUG LAB PROGRAM TRAINING REGISTRATION AND LICENSE APPLICATION FORM

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS: (if different):

OWNER OR PRINCIPAL NAME: _____ PHONE: _____

CCB GENERAL CONTRACTOR LICENSE # (ENCLOSE COPY): _____

EMPLOYEE INFORMATION (Please attach a continuation sheet, if necessary):

NAME/TITLE (must indicate Worker or Supervisor) * see note on providing SSN	HAZMAT TRAINING – per 29CFR 1910.120(e)	DATE
_____ SSN: _____ <input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	Initial (40-hour) Course Refresher Course (most recent) Drug Lab Decontamination Course Supervisor (8 hour) Course – if applicable	_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____
_____ SSN: _____ <input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	Initial (40 hour) Course Refresher Course (most recent) Drug Lab Decontamination Course Supervisor (8 hour) Course – if applicable	_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____
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_____ SSN: _____ <input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	Initial (40 hour) Course Refresher Course (most recent) Drug Lab Decontamination Course Supervisor (8 hour) Course – if applicable	_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____

I declare under penalty of perjury and the provisions of ORS 453.888 that I have examined this application and all attachments, and to the best of my knowledge and belief the enclosed information is true, correct, and complete. I will notify the Department of any changes in this information within 30 days of any such change.

SIGNATURE (Owner or Principal)

DATE

NAME (please print)

Please check the appropriate box(es) below, enclose the total dollar amount in the form of a check or money order payable to the STATE OF OREGON, and send it to: DEPARTMENT OF HUMAN SERVICES, DRUG LAB CLEANUP PROGRAM, 800 NE OREGON STREET, SUITE 608, PORTLAND, OR 97232.

	FEE DESCRIPTION	INDEX	PCA	OBJECT	AMOUNT	NUMBER OF ATTENDEES	TOTAL
<input type="checkbox"/>	License (even year)	71600	70584	2220	\$1,000.00		
<input type="checkbox"/>	License (odd year)	71600	70584	2220	\$500.00		
<input type="checkbox"/>	Registration per Person	71600	70584	2381	\$150.00		
<input type="checkbox"/>	Exam Fee per Person	71600	70584	2205	\$100.00		

FINAL TOTAL

Licenses expire June 30 of even-numbered years.

PLEASE NOTE:

Under OAR 333-040-0180 (5), all fees are non-refundable unless the applicant submits a written request to withdraw the application within ten days.

*** Social Security Numbers Required on Permit Applications**

As part of your application for an initial or renewed Drug Lab Decontamination Contractor License issued by the Department of Human Services, you are required to provide your Social Security Number to the Department. This is mandatory. The authority for this requirement is **Oregon Laws 1997, Chapter 746, Section 117 (ORS 25.785) and 42 USC § 666 (a) (13)**. Failure to provide your Social Security Number will be a basis to refuse to issue or renew the permit you seek. Although a number other than your Social Security Number appears on the face of the permit issued by the Department, your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.