

## DRUG LAB DECONTAMINATION CONTRACTOR RECERTIFICATION TRAINING APPLICATION

BUSINESS NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
MAILING ADDRESS: (if different	):		
OWNER OR PRINCIPAL NAME:		PHONE:	·
DRUG LAB CONTRACTOR LICE	ENSE #:		
CCB GENERAL CONTRACTOR	LICENSE #:		
PERSONNEL INFORMATION (A	ttach a second she	et if necessary	<u>'</u> )
NAME	CERTIFICATION	BADGE#	BADGE ISSUE DATE
	Worker		1 1
	Supervisor		
	Worker		
	Supervisor		
	Worker		
	Supervisor		
	Worker		/
	Supervisor		
	Worker		/ /

Supervisor Worker Supervisor



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 Oregon Health Authority of any changes in this information within 30 days of any such change.

	<u> </u>	
SIGNATURE (Owner or Principal)	DATE	

NAME (please print)

Please enclose the total dollar amount in the form of a check or money order payable to the STATE OF OREGON and a copy of the current 8-hour HAZWOPER refresher certification for each person listed above and send to:

Oregon Health Authority DRUG LAB CLEANUP PROGRAM 800 NE OREGON STREET SUITE 640 PORTLAND, OR 97232

## 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.

FEE DESCRIPTION	INDEX	PCA	OBJECT	COST PER PERSON	NUMBER OF ATTENDEES	TOTAL
Recertification Training	50207	51303	2381	\$100.00		