



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.

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		