

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 LICENSE #: _____

CCB GENERAL CONTRACTOR LICENSE #: _____

PERSONNEL INFORMATION (Attach a second sheet if necessary)								
NAME	CEF	RTIFICATION	BADGE #	BADGE ISSUE				
				DATE				
		Worker		<u> </u>				
		Supervisor						
		Worker		<u> </u>				
		Supervisor						
		Worker		//				
		Supervisor						
		Worker		<u> </u>				
		Supervisor						
		Worker		<u> </u>				
		Supervisor						
		Worker		<u> </u>				
		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.

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		