

CLANDESTINE DRUG LAB PROGRAM LICENSE APPLICATION FORM

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

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	_____/_____/_____ _____/_____/_____ _____/_____/_____ _____/_____/_____

OVER

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 check the appropriate box 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: Oregon Health Authority, Business Services, PO Box 14260, Portland, OR 97293-0450.

	FEE DESCRIPTION	INDEX	PCA	OBJECT	AMOUNT	TOTAL
<input type="checkbox"/>	License (even year)	50207	51303	2220	\$1,000	
<input type="checkbox"/>	License (odd year)	50207	51303	2220	\$500	
FINAL TOTAL						

Licenses expire June 30 of even-numbered years.

PLEASE NOTE:

Under OAR 333-040-0180(5), no portion of the above fee is refundable unless the fee was submitted in error and the application is withdrawn by written request by the applicant within 10 working days of submission.

*** 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 Oregon Health Authority, you are required to provide your Social Security Number. 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. Your Social Security Number will not appear on the face of the identification card issued by the Oregon Health Authority. Your Social Security Number will be used for child support enforcement purposes only, unless you authorize other uses of the number.