

CASE #: _____
FUND CODE: 50207 51303 2380



**APPLICATION FOR CERTIFICATE AND
AFFIDAVIT OF COMPLETION AND COMPLIANCE**

INSTRUCTIONS: This form is to be completed in accordance with OAR 333-040-0070(2)(d) as documentation that the work done on the listed property is complete and in compliance with OREGON HEALTH AUTHORITY requirements. To complete this application for a Certificate of Fitness on the listed property, enclose a check or money order for \$200 payable to STATE OF OREGON, and mail to: OREGON HEALTH AUTHORITY, Business Services, PO Box 14260, Portland OR 97293-0260. **Send a copy of this form and a copy of the check to: OREGON HEALTH AUTHORITY, Attn: Drug Lab Specialist, 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.

This is to certify that the site assessment, testing and decontamination of property consisting of: _____

located at _____

legal description _____

owned by _____ with phone number _____

at mailing address _____

has been completed in compliance with the decontamination plan approved by the OREGON HEALTH AUTHORITY on _____; that follow-up testing has been completed as required by the plan and conditions of approval; and that all personnel who have participated in the assessment, testing, and decontamination were qualified as required by ORS 453.888; Oregon Laws 1999, chapter 861; and OAR 333-040-0065(1)(b) or OAR 333-040-0110 through the duration of the project.

Licensed Contractor: _____

Drug Lab Contractor License #: _____

Name and Title of Site Supervisor: _____

Signature of Supervisor

(This application/affidavit must be signed in the presence of an Oregon notary attesting to the identity of the supervisor.)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public for the State of Oregon
My Commission Expires:

NOTARY SEAL OR STAMP

REV 9/2017