



**CLANDESTINE METHAMPHETAMINE LAB DECONTAMINATION
CERTIFICATION APPLICATION**

Applicant's Name: (Please Print or Type)

(First Name)

(Middle Initial)

(Last Name)

(Phone)

(E-Mail)

Applicant's Address:

(Street or PO Box)

(City)

(State)

(Zip)

Applicant's Employer:

(Name)

(Phone)

(E-Mail)

Employer's Address:

(Street or PO Box)

(City)

(State)

(Zip)

Please check appropriate boxes for occupations that you are seeking bi-annual certification and complete the course date and course provider information.

Application		CML Certification	Fee	Course Date	Certificate Expiration Date	Course Provider (if applicable)
Original	Renewal					
<input type="checkbox"/>	<input type="checkbox"/>	Contractor	\$500			
<input type="checkbox"/>	<input type="checkbox"/>	Training Provider	\$500			

I hereby certify that all submitted information is true and correct.

(Signature)

(Date)

DEQ USE ONLY

FEE PAID BY _____

AMOUNT PAID _____

CHECK NO _____

DEPOSIT ID _____

DATE APPROVED _____

DATE RECORDED _____

ORG: 574841; ACCT: 506026 ; FUND: 01100