



**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)

Check appropriate box for bi-annual certification that you are seeking and provide the course and course provider information.

Fees are nonrefundable and must be paid by check or money order made payable to the department

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: 494841; ACCT: 506026; FUND: 01100