



**METHAMPHETAMINE CLEANUP CONTRACTOR
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 | | 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)

Check box if you would like your company information posted on the program's website.

| | | |
|--|------------------|-------------------|
| DEQ USE ONLY | | FEE PAID BY _____ |
| AMOUNT PAID _____ | CHECK NO _____ | |
| DATE PAID _____ | DEPOSIT ID _____ | |
| ORG: 494841; ACCT: 506026; FUND: 01100 | | |

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Methamphetamine Cleanup Program
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