



Dedicated to protecting and improving the health and environment of the people of Colorado P
 Please check if this is an application for renewal. If you are renewing please enter your cert#: ML-I

Part I - Personal Information

Date: _____

Applicant First Name: _____ Last Name: _____ *Birth Date: _____

Applicant Address

Address Number: _____ Street Direction: _____ Street Name: _____

Street Type (E.g. St, Ave, Blvd): _____ Unit/Suite #: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Home Phone: _____ Email: _____

Employer Name: _____

Employer Address

Address Number: _____ Street Direction: _____ Street Name: _____ Street Type: _____

Unit/Suite #: _____ City: _____ State: _____ Zip Code: _____

Eye Color: _____ Hair Color: _____ Height: _____ ft. _____ in. Weight: _____

ID Type: _____ State of Issue: _____ *Number: _____ *Expiration Date: _____

Do you wish to be included on the department's on-line list of certified individuals? Yes No

Part II - Type of Authorization Requested (check all that apply)

Note: We accept payment by Check or Money Order only.

Authorization / Renewal Type	Fee	Retest Type (After Failed Test)	Retest Fee
<input type="checkbox"/> Consultant	\$600	<input type="checkbox"/> Consultant	\$100
<input type="checkbox"/> Decontamination Worker	\$300	<input type="checkbox"/> Decontamination Worker	\$100
<input type="checkbox"/> Decontamination Supervisor (includes Worker)	\$600	<input type="checkbox"/> Decontamination Supervisor	\$100
<input type="checkbox"/> Ventilation Contractor	\$200	<input type="checkbox"/> Ventilation Contractor	\$100

Part III - Required Attachments by Application Type

Consultant

1. Fee specified in Part II, above.
2. Compliance with the industrial hygienist qualification in set forth in § 24-30-1402, C.R.S. **
3. Documentation of current compliance with HAZWOPER training requirements specified in 29 CFR 1910.120. ***
4. Documentation of successful completion of a Department-approved Consultant training course within the 60-day period prior to submitting an application.

Decontamination Supervisor

1. Fee specified in Part II, above.
2. Documentation of current compliance with HAZWOPER training requirements specified in 29 CFR 1910.120. ***
3. Documentation of successful completion of a Department-approved Decontamination Worker and Supervisor training course within the 60-day period prior to submitting an application.

Decontamination Worker or Ventilation Contractor

1. Fee specified in Part II.
2. Documentation of current compliance with HAZWOPER training requirements specified in 29 CFR 1910.120. ***
4. Documentation of successful completion of a Department-approved Decontamination Worker training course within the 60-day period prior to submitting an application.

I certify that all statements made in this application are correct and complete. (Note: Providing false statements in this application or providing fraudulent identification constitutes second degree perjury as defined by §18-8-503, C.R.S.)

Signature: _____ Date: _____

Application Instructions

Who must apply:

All persons who are performing assessment, decontamination or sampling of methamphetamine-affected properties in the State of Colorado, in accordance with 6 CCR 1014-3. Certification is required under 6 CCR 1014-3, Part 2. Certification is valid for 2 years.

Instructions

Please print or type the appropriate information in the spaces provided. "ID Type" must be a photo ID issued by a governmental agency, such as a drivers license, passport or state ID. You must bring this ID to the testing site for verification of your identity. Mark the appropriate box(s) corresponding to the authorization type(s) being sought.

Once you have completed the form, click on the Submit button. A copy of the completed form will be sent to you as an attachment to a confirmation email. *Print this form, fill in the date of birth, ID number and expiration date fields, and sign. Submit the application, all attachments and the fee(s) to the address provided on the printed form.

Applications must be completely filled out and signed by the individual submitting the application. Applications submitted without the fee(s) and unsigned or incomplete applications will be returned the applicant. Please make checks or money orders payable to Colorado Department of Public Health and Environment, or simply "CDPHE" (Do not send cash).

Notes: ** If documentation of Compliance with the industrial hygienist qualification in set forth in § 24-30-1402, C.R.S. was submitted with a previous application, it does not need to be re-submitted.

*** If documentation of 40 hour OSHA HAZWOPER training and current 8 hour refresher training was submitted with a previous application, it does not need to be re-submitted. However, documentation of current 8 hour refresher training must be submitted if the previous refresher training has expired.

Applications may be mailed or hand-delivered to:

Mailing Address	Physical Address****
Colorado Department of Public Health and Environment Attn: Laura Gurule HMWMD-B2 4300 Cherry Creek Drive South Denver, CO 80246-1530	Colorado Department of Public Health and Environment 700 South Ash Street, Denver, CO Southwest door; sign over door reads "Asbestos Unit and Air Permits" ****Submit application in a sealed envelope or package marked "Meth Lab Certification Coordinator"