

Licensing Application for Clandestine Drug Laboratory Remediation Contractor

WEST VIRGINIA BUREAU FOR PUBLIC HEALTH
Office of Environmental Health Services
Radiation, Toxics and Indoor Air Division
Clandestine Drug Laboratory Remediation Program
Capitol and Washington Streets
One Davis Square, Suite 200
Charleston, WV 25301-1798
Telephone (304) 558-2981 Fax (304) 558-0524

A. General Information (Follow the instructions below. Incomplete application cannot be processed.)

Read all instructions carefully.

Type or print legibly in blue ink.

Complete sections A and B

Attach a \$300.00 check or money order payable to the **WV Bureau for Public Health**. Tax is not applicable. We can not accept cash or credit cards. (Application without a fee cannot be processed)

Name of Firm _____ Business Phone (____) _____

Address _____ City _____

State _____ Zip Code _____ Fax Number (____) _____

Registered with WV Tax Department: Yes _____ No _____ Number _____

Registered with WV Department of Labor: Yes _____ No _____ (In addition to the WV Clandestine Drug Laboratory Remediation Contractor License, a contractor must obtain a WV Contractor License from WV Dept. Of Labor before doing any Clandestine Drug Laboratory Remediation projects in WV.)

Clandestine Drug Laboratory Remediation Technician Name _____

Clandestine Drug Laboratory Remediation Technician License Number _____

Clandestine Drug Laboratory Remediation Technician Social Security Number _____

Do you employ technicians which hold license(s) from any other state? Yes _____ No _____

If yes, attach a list of the state(s) and license numbers.

Have you ever been the subject of any enforcement action relating to clandestine drug laboratory remediation taken by any federal or state agencies or courts? Yes _____ No _____

If yes, attach additional sheets to fully describe each action and its outcome.

B. Applicant Attest

In accordance with Chapter 64, Article 92 of the Code of West Virginia and the applicable promulgated rules, I hereby certify that all submitted information and documentation is true and correct and that I am familiar with all applicable licensing requirements.

Signature, Owner, Agent _____ Date _____

Title _____

C. Health Department Use Only

Fee:

App. No. _____

Approved By _____ Date _____

Denied By _____ Date _____

Issue Date _____

Mailed To _____

Paid By _____

Amount Paid _____

Check Number _____

Date of Check _____

Date _____