

# Licensing Application for Clandestine Drug Laboratory Remediation Technician

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.)**

1. Type or print legibly in blue ink. Complete sections A, B and the certification on the back of this application
2. Attach required documentation.
  - (a) A copy of WV Approved Initial or Refresher Certification
  - (b) A copy of OSHA Hazardous Material Worker Certification
  - (c) A Copy of Driver License or State Issued ID
3. Attach check or money order payable to the **WV Bureau for Public Health**. Tax is not applicable. We can not accept cash or credit cards.
4. Submit application, documentation, and check or money order to the above address.
5. Fee: Technician - \$50.00

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Drivers License Number (State) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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 of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_