

**CLANDESTINE DRUG LABORATORY REMEDIATION TECHNICIAN LICENSING APPLICATION**

**West Virginia Bureau for Public Health  
Office of Environmental Health Services  
Radiation, Toxics and Indoor Air Division  
Certification and Licensing Program  
350 Capitol Street – Room 313  
Charleston, WV 25301  
Telephone: (304) 558-2981 Fax: (304) 558-0524**

**Read and follow instructions carefully. Incomplete application will not be processed.**

1. Complete sections A and B.
2. Attach required documentation:
  - (a) Copy of WV Approved Initial or Refresher Certification
  - (b) Copy of OSHA Hazardous Material Worker Certification
  - (c) Copy of Drivers License or State Issued ID
3. Attach check or money order payable to the **WV Bureau for Public Health**. Tax is not applicable. Please do not send cash.
4. Submit application, documentation, and check or money order to the above address.

CDLR Technician: \_\_\_\_\_ One year license - \$50.00 \_\_\_\_\_ Two year license - \$100.00

**A. General Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employer Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Office contact: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**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:**

License No. \_\_\_\_\_  
Approved By \_\_\_\_\_ Date \_\_\_\_\_  
Denied By \_\_\_\_\_ Date \_\_\_\_\_  
Issued: \_\_\_\_\_ Expires: \_\_\_\_\_  
Mailed To \_\_\_\_\_

Paid By \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Check Number \_\_\_\_\_  
Date of Check \_\_\_\_\_  
Date \_\_\_\_\_

Revised 11/2020