

CASE #: \_\_\_\_\_

FUND CODE: 71600 70584 2380



**APPLICATION FOR CERTIFICATE AND  
AFFIDAVIT OF COMPLETION AND COMPLIANCE**

**INSTRUCTIONS:** This form is to be completed in accordance with OAR 333-040-0070(2)(d) as documentation that the work done on the listed property is complete and in compliance with DEPARTMENT OF HUMAN SERVICES requirements. To complete this application for a Certificate of Fitness on the listed property, enclose a check or money order for \$200 payable to STATE OF OREGON, and mail to: DEPARTMENT OF HUMAN SERVICES, Business Services, PO Box 14260, Portland OR 97293-0450. **Send a copy of this form and a copy of the check to:** DEPARTMENT OF HUMAN SERVICES, Attn: Drug Lab Specialist, 800 NE Oregon Street, Suite 608, Portland, OR 97232. **Please Note:** Under OAR 333-040-0180 (5), all fees are non-refundable unless the applicant submits a written request to withdraw the application within ten days.

This is to certify that the site assessment, testing and decontamination of property consisting of: \_\_\_\_\_

located at \_\_\_\_\_

legal description \_\_\_\_\_

owned by \_\_\_\_\_ with phone number \_\_\_\_\_

at mailing address \_\_\_\_\_

has been completed in compliance with the decontamination plan approved by the DEPARTMENT OF HUMAN SERVICES on \_\_\_\_\_; that follow-up testing has been completed as required by the plan and conditions of approval; and that all personnel who have participated in the assessment, testing, and decontamination were qualified as required by ORS 453.888; Oregon Laws 1999, chapter 861; and OAR 333-040-0065(1)(b) or OAR 333-040-0110 through the duration of the project.

Licensed Contractor: \_\_\_\_\_

Drug Lab Contractor License #: \_\_\_\_\_

Name and Title of Site Supervisor: \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

(This application/affidavit must be signed in the presence of an Oregon notary attesting to the identity of the supervisor.)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public for the State of Oregon  
My Commission Expires:

NOTARY SEAL OR STAMP