



**DRUG LABORATORY DECONTAMINATION CONTRACTOR  
LICENSE APPLICATION**

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

MAILING ADDRESS: (if different):

\_\_\_\_\_

OWNER OR PRINCIPAL NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CCB GENERAL CONTRACTOR LICENSE # (ENCLOSE COPY): \_\_\_\_\_

DRUG LAB CONTRACTOR LICENSE #: \_\_\_\_\_

EMPLOYEE INFORMATION (Please attach a continuation sheet, if necessary):

<b>NAME/TITLE</b> (must indicate Worker or Supervisor)	<b>HAZMAT TRAINING –</b> <b>per 29CFR 1910.120(e)</b>	<b>DATE</b>
<input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	Initial (40-hour) Course Refresher Course (most recent) Drug Lab Decontamination Course	_____/_____/_____ _____/_____/_____ _____/_____/_____
<input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	Initial (40 hour) Course Refresher Course (most recent) Drug Lab Decontamination Course	_____/_____/_____ _____/_____/_____ _____/_____/_____
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<input type="checkbox"/> Worker <input type="checkbox"/> Supervisor	Initial (40 hour) Course Refresher Course (most recent) Drug Lab Decontamination Course	_____/_____/_____ _____/_____/_____ _____/_____/_____

**OVER**

I declare under penalty of perjury and the provisions of ORS 453.888 that I have examined this application and all attachments, and to the best of my knowledge and belief the enclosed information is true, correct, and complete. I will notify the Department of any changes in this information within 30 days of any such change.

\_\_\_\_\_  
SIGNATURE (Owner or Principal)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (please print)

Please check the appropriate box(es) below, enclose the total dollar amount in the form of a check or money order payable to the STATE OF OREGON, and send it to:  
DEPARTMENT OF HUMAN SERVICES, DRUG LAB CLEANUP PROGRAM, 800 NE OREGON STREET, SUITE 608, PORTLAND, OR 97232.

A Delinquent Fee Penalty applies if a renewal is made after July 15.

	FEE DESCRIPTION	INDEX	PCA	OBJECT	AMOUNT
<input type="checkbox"/>	License (even year)	71600	70584	2150	\$1,000.00
<input type="checkbox"/>	License (odd year)	71600	70584	2150	\$500.00
<input type="checkbox"/>	Delinquent Fee Penalty	71600	70584	2080	\$100.00

TOTAL

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Licenses expire June 30 of even-numbered years.

**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.