



Dedicated to protecting and improving the health and environment of the people of Colorado

**PART I - Personal Information**

Applicant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 ID Type: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I authorize the Department to include my name, employer name and work phone number, as shown above, in resources the Department provides the public, including lists on its web site.

**PART II - Type of Interim Authorization Requested (check all that apply)**

Interim Authorization Type	Fee
<input type="checkbox"/> Consultant	\$150
<input type="checkbox"/> Decontamination Worker	\$75
<input type="checkbox"/> Decontamination Supervisor (includes Worker)	\$150
<input type="checkbox"/> Ventilation Contractor	\$50

**PART III - Required Attachments by Application Type**

Consultant

1. Fee specified in Part II, above.
2. Compliance with the industrial hygienist qualification in set forth in § 24-30-1402, C.R.S.
3. Documentation of current compliance with HAZWOPER training requirements specified in 29 CFR 1910.120.
4. Documentation of experience in methamphetamine lab assessment in Colorado, including at least one employment reference with contact information.

Decontamination Supervisor

1. Fee specified in Part II, above.
2. Documentation of current compliance with HAZWOPER training requirements specified in 29 CFR 1910.120.
3. Documentation of experience in methamphetamine lab decontamination in Colorado, including at least one employment reference with contact information.

Decontamination Worker or Ventilation Contractor

1. Fee specified in Part II.
2. Documentation of current compliance with HAZWOPER training requirements specified in 29 CFR 1910.120.

I certify that all statements made in this application are correct and complete. (Note: Providing false statements in this application or providing fraudulent identification constitutes second degree perjury as defined by §18-8-503, C.R.S.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# APPLICATION INSTRUCTIONS

## WHO MUST APPLY:

All persons who are performing assessment, decontamination or sampling of methamphetamine-affected properties in the State of Colorado, as of the effective date of 6 CCR 1014-3, Part 2, that wish to continue to perform such activities prior to obtaining training certification. Interim authorization is required under 6 CCR 1014-3, Part 2. Interim authorization is valid for 180 days after the effective date of the regulation.

## INSTRUCTIONS

Please print or type the appropriate information in the spaces provided. "ID Type" must be a photo ID issued by a governmental agency, such as a drivers license, passport or state ID. You must bring this ID to the testing site for verification of your identity. Mark the appropriate box(s) corresponding to the authorization type(s) being sought.

Once you have completed the form, click on the Submit button. A copy of the completed form will be sent to you as an attachment to a confirmation email. Print and sign this form. Submit the application, all attachments and the fee(s) to the address provided on the printed form.

Applications must be completely filled out and signed by the individual submitting the application. Applications submitted without the fee(s) and unsigned or incomplete applications will be returned the applicant. Please make checks or money orders payable to Colorado Department of Public Health and Environment, or simply "CDPHE" (DO NOT SEND CASH).

Applications may be mailed or hand-delivered to:

Mailing Address	Physical Address*
Colorado Department of Public Health and Environment Attn: Laura Gurule HMWMD-B2 4300 Cherry Creek Drive South Denver, CO 80246-1530	Colorado Department of Public Health and Environment 700 South Ash Street, Denver, CO Southwest door; sign over door reads "Asbestos Unit and Air Permits"  *Submit application in a sealed envelope or package marked "Meth Lab Certification Coordinator"

