

# **DECONTAMINATION SPECIALIST CERTIFICATION PROGRAM INITIAL APPLICATION**

## **GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

<b>FOR DEQ USE ONLY</b>
Test Score: _____ Pass/Fail
Fee Processed: _____
Certificate No.: DS _____
Expiration Date: _____

Please do not put my employer name on the certificate and card.

## **HEALTH AND SAFETY TRAINING**

Please document the requirements specified in R311-500-5(a)(1). The dates below include the date the training started through the date it was completed.

<b>TRAINING</b>	<b>DATES</b>		<b>HOURS OF INSTRUCTION</b>
	<b>FROM</b>	<b>TO</b>	
Initial OSHA HAZWOPER Certification (29 CFR 1910.120)			40 Hours
Refresher OSHA HAZWOPER Certification (29 CFR 1910.120)			8 Hours

## **EXAMINATION**

To become certified, an applicant must also successfully pass an examination administered by the Executive Secretary as specified in R311-500-5(a)(2). The passing score is 80% or greater.

I have scheduled an exam date with the DEQ.

**(For DEQ use only)**

Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

## **APPLICATION FEE**

A \$225.00 dollar fee must be included with the application to allow for processing. The fee is not refundable.

I have included my fee with the application.

**(For DEQ use only)**

Date of Payment: \_\_\_\_\_ Amount: \_\_\_\_\_

**DECONTAMINATION SPECIALIST CERTIFICATION PROGRAM  
INITIAL APPLICATION**

**CITIZENSHIP/QUALIFIED ALIEN CERTIFICATION**

Each applicant must complete the Certification Form in accordance with Utah Code Ann. § 63G-11-104. The completed form should be included with the application.

**PERFORMANCE STANDARDS/CORRECTNESS STATEMENT**

*I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I have read the Decontamination Specialist Certification Program rules and understand that compliance with the Performance Standards outlined in Section R311-500-8 is a condition of certification. I will not perform any activities that may be cause for revocation of the certificate under Section R311-500-9. I understand that submission of false or misleading information in this application or failure to comply with the applicable eligibility requirements and Performance Standards may result in denial of the application or revocation of the certificate under R311-500.*

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

**Attachments to the Initial Application:**

- Application Fee
- Health and Safety Training Certification Form(s)
- Citizenship/Qualified Alien Certification Form

**Please return the completed application and fee no later than 7 days prior to the exam to:**

**Department of Environmental Quality  
Division of Environmental Response and Remediation  
195 North 1950 West, 1<sup>st</sup> Floor  
Salt Lake City, Utah 84116  
ATTN: Brownfields/Voluntary Cleanup Program Coordinator**