DECONTAMINATION SPECIALIST CERTIFICATION PROGRAM
RENEWAL APPLICATION

GENERAL INFORMATION

Applicant Name: _____________________________________

Company Name: _____________________________________

Address: ____________________________________________

City, State, Zip: ______________________________________

Telephone Number: ________________________________

Email Address: ________________________________________

[ ] Do not put my company name on the certificate and card.

CERTIFICATION HISTORY

Please complete the following information relating to your history as a Certified Decontamination Specialist.

Certification Number: __________ Certification Date: _______ Expiration Date: __________

Number of properties you assessed in Utah during the last period of Certification: __________

Number of properties decontaminated in Utah during the last period of Certification: __________

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.

<table>
<thead>
<tr>
<th>TRAINING</th>
<th>DATES FROM</th>
<th>TO</th>
<th>HOURS OF INSTRUCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial OSHA HAZWOPER Certification (29 CFR 1910.120)</td>
<td></td>
<td></td>
<td>40 Hours</td>
</tr>
<tr>
<td>Refresher OSHA HAZWOPER Certification (29 CFR 1910.120)</td>
<td></td>
<td></td>
<td>8 Hours</td>
</tr>
</tbody>
</table>
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EXAMINATION
To renew the Certification, the applicant must also successfully pass an examination administered under the direction of the Director as specified in R311-500-7. The passing score for the exam is 80% or greater.

[ ] I have checked the exam schedule and coordinated with the DERR.

(DERR use only)
Exam Date: __________________________ Exam Location: __________________________

APPLICATION FEE

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

[ ] Included with hardcopy application
[ ] Paid online (DERR Payment Portal) https://deq.utah.gov/certification/derr-payment-portal-shopping-cart

(DERR use only)
Date of Payment: __________________________ Amount: __________________________

PROOF OF CITIZENSHIP FORM
Each applicant must complete the Citizenship 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 ____________________

Please return documents by hardcopy or email no later than 7 days prior to the exam to:

Leigh Anderson (kanderson@utah.gov)
Department of Environmental Quality
195 North 1950 West, 1st Floor
Salt Lake City, Utah 84116