## DECONTAMINATION SPECIALIST CERTIFICATION PROGRAM RENEWAL APPLICATION

GENERAL INFORMATION	FOR DERR USE ONLY	
Applicant Name:	Test Score:Pass/Fail	
Company Name:	Fee Processed:	
Address:	Certificate No.: DS	
City, State, Zip:	Expiration Date:	
Telephone Number:	Is there a previous or on-going administrative action to revoke the Certification:	
Email Address:		
[] Do not put my company name on the certificate and card.		
CERTIFICATION HISTORY		
Please complete the following information relating to your histor Decontamination Specialist.	ry as a Certified	
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 per	riod of Certification:	
HEALTH AND SAFETY TRAINING		
Please document the requirements specified in R311-500-5(a)(1) date the training started through the date it was completed.	. The dates below include the	

TRAINING	DATES		HOURS OF
	FROM	TO	INSTRUCTION
Initial OSHA HAZWOPER Certification (29 CFR 1910.120)			40 Hours (No prior HAZWOPER training)
Refresher OSHA HAZWOPER Certification (29 CFR 1910.120)			8 Hours (Prior training, renew each year)

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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 schedu	ale and coordinated with the DERR.
(DERR use only) Exam Date:	Exam Location:
APPLICATION FEE	
A \$225.00 fee must be included w not refundable.	ith the application to allow for processing. The fee is
[ ] Included with hardcopy applica [ ] Paid online (DERR Payment Po	tion ortal) https://deq.utah.gov/certification/derr-payment-portal-shopping-cart
(DERR use only) Date of Payment:	Amount:
PERFORMANCE STANDA I hereby certify that the information of my knowledge. I have read the I understand that compliance with the condition of certification. I will not certificate under Section R311-500 information in this application or j	Citizenship Form in accordance with Utah Code Ann. § 63G-d be included with the application.  ARDS/CORRECTNESS STATEMENT In contained in this application is true and correct to the best Decontamination Specialist Certification Program rules and the Performance Standards outlined in Section R311-500-8 is at perform any activities that may be cause for revocation of the D-9. I understand that submission of false or misleading failure to comply with the applicable eligibility requirements esult in denial of the application or revocation of the
	Date rdcopy or email no later than 7 days prior to the exam to:
Leig	gh Anderson (kanderson@utah.gov) partment of Environmental Quality

195 North 1950 West, 1st Floor Salt Lake City, Utah 84116

DEQ/DERR