



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

PART I - Company Information

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Email: _____ Website: _____

I authorize the Department to include company contact information in resources the Department provides the public, including lists on its web site. Yes No

Agent for Legal Service: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

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

Authorization Type	Fee
<input type="checkbox"/> Consultant Firm	\$1000
<input type="checkbox"/> Decontamination Firm	\$1000
<input type="checkbox"/> Ventilation Firm	\$1000

PART III - Required Attachments by Application Type

Consultant Firm

1. Fee specified in Part II, above.
2. A letter signed by an authorized official attesting that:
 - a. the firm will only utilize individuals who are compliant with the HAZWOPER training requirements specified in 29 CFR 1910.120; and
 - b. the firm will only utilize appropriately-certified individuals to conduct assessment and sampling of methamphetamine-affected properties and the firm and its employees will follow the assessment and sampling requirements of 6 CCR 1014-3, Part 1.

Decontamination Firm and Ventilation Firm

1. Fee specified in Part II, above.
2. A letter signed by an authorized official attesting that:
 - a. the firm will only utilize individuals who are compliant with the HAZWOPER training requirements specified in 29 CFR 1910.120; and
 - b. the firm will only utilize appropriately-certified individuals to conduct decontamination of methamphetamine-affected properties and the firm and its employees will follow the decontamination requirements of 6 CCR 1014-3, Part 1.

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.)

 Authorized Representative Signature

 Date

 Printed Name

 Position or Title



APPLICATION INSTRUCTIONS

WHO MUST APPLY:

All firms that are performing assessment, decontamination or sampling of methamphetamine-affected properties in the State of Colorado, in accordance with 6 CCR 1014-3. Firm approval is required under 6 CCR 1014-3, Part 2. Firm Approval is valid for 2 years.

INSTRUCTIONS

Please print or type the appropriate information in the spaces provided. 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 sent to your company email address. 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 authorized to sign for the company submitting the application. Applications submitted without the fee(s) and unsigned or incomplete applications will be returned to 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"

