



PERMIT FOR BEDDING STERILIZATION OR DISINFECTION

State Form 24335 (R6 / 7-18)

INDIANA STATE DEPARTMENT OF HEALTH DIVISION OF WEIGHTS AND MEASURES 2525 North Shadeland Avenue, Suite D3 Indianapolis, Indiana 46219-1770 Telephone: (317) 356-7078 Fax: (317) 351-2877 E-mail: wmstaff@isdh.in.gov

NOTE: This application is made in compliance with IC 16-41-32-21.

FOR OFFICE USE ONLY

Approved by:	Date approved (month, day, year)	Control number	Date issued (month, day, year)	Permit number
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I, or we, herewith make application for an annual sterilization or disinfection permit held by the following firm:

Name of firm	Telephone number ()
Address (number and street, city, state, and ZIP code)	
Address of plant, if different from above (number and street, city, state, and ZIP code)	
Describe fully and in detail every step of the sterilization or disinfection process to be used (use additional sheets, if necessary).	

I certify that the above information is a true description of the sterilization or disinfection process applied for and to be used.

Signature	Date (month, day, year)
Title	