# STUDENT REGISTRATION FOR ILLEGAL DRUG LAB CLEANUP TRAINING

**INDIANA STATE DEPARTMENT OF HEALTH**

**Environmental Public Health Division**

100 North Senate Avenue IGCN 855

Indianapolis, Indiana 46204-2251

Telephone: (317) 234-1819

E-mail: druglabcleanup@ISDH.in.gov

State Form 55457 (R4 / 8-17)

*INSTRUCTIONS: 1. Fill in all requested information using the check boxes and text fields provided.*

 *2. Please submit this registration**to the Indiana State Department of Health’s Environmental Public Health Division via e-mail*

 *to* *druglabcleanup@ISDH.in.gov* *or by fax to (317) 233-7047.*

 *3. If you have any questions, call (317) 234-1819.*

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| **TYPE OF TRAINING**  |
|  [ ]  Initial [ ]  Refresher | Requested class date (*month, day, year)*      |

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| **PERSONAL INFORMATION** |
| Name      |
| Name of company (*if applicable*)      |
| Address (*number and street including apartment, unit or room number, if applicable*)      |
| City or Town       | State      | ZIP Code      |
| Telephone number with area code (*office*)(     )       | Cellular number with area code (     )       | Fax number with area code(     )       |
| E-mail address      |

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| **SIGNATURE** |
| Signature | Date signed (*month, day, year*)      |
| Name (*typed or printed*)      | Title (*typed or printed*)      |