# 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](mailto: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*](mailto: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 | | |

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