



APPLICATION FOR LISTING AS A QUALIFIED INSPECTOR FOR DRUG LAB CLEANUP

State Form 53316 (R4 / 8-17)

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

- INSTRUCTIONS:**
1. A person who applies to be listed by the Indiana State Department of Health as a qualified inspector may use this form to apply for listing as a Qualified Inspector to inspect and clean properties contaminated with chemicals used in the illegal manufacture of a controlled substance (illegal drug labs).
 2. Fill in all requested information using the check boxes and text fields provided.
 3. When completed, attach all required documentation and hand deliver or mail to Indiana State Department of Health, Environmental Public Health Division, or fax to (317) 233-7047 or submit via e-mail to druglabcleanup@ISDH.in.gov.
 4. If you have any questions, call (317) 234-1819.

APPLICANT INFORMATION			
Name			
Address (number and street)			
City		State	
Telephone number ()		Cellular number ()	Fax number ()
E-mail address			
ZIP Code			

EMPLOYED BY OR DOING BUSINESS AS (if applicable)			
Name			
Address (number and street)			
City		State	
Telephone number ()		Fax number ()	
E-mail address			
Website URL			
ZIP Code			

APPLICANT CERTIFICATION	
I certify, under penalty of perjury as provided in IC 35-44-2-1, that to the best of my knowledge all information and supporting documentation provided in this application are true and accurate.	
Signature of applicant	Date of application (month, day, year)

Attach all documents listed on reverse.

ATTACHMENTS**Attach all of the following documents to this application.****For ISDH Use Only**

Documentation of forty (40) hours of relevant work experience. This may include any of the following:

- Copies of time sheets, job reports, etc. certifying the type of job(s) worked on and the number of hours worked.
- Letter(s) from employer certifying the type of job(s) worked on and the number of hours worked.
- An affidavit from applicant certifying the type of job(s) worked on and the number of hours worked.

Verified:

Date: _____

Initial: _____

Documentation of Hazardous Waste Operations and Emergency Response (HAZWOPER) training. Attach a copy of the training certificates you received from the following:

- Forty (40) hour HAZWOPER training (29 CFR 1910.120(e)(3)).
- Eight (8) hour HAZWOPER supervisor training (29 CFR 1910.120(e)(4)).
- Eight (8) hour HAZWOPER refresher (29 CFR 1910.120(e)(8)), if the initial training was more than twelve (12) months ago.

Verified:

Date: _____

By: _____

- Documentation of ISDH qualified inspector training. Attach a copy of the certificate you received following the training class.

Training date: _____

Exam score: _____ %

Proof of Insurance: Attach documentation from your insurance carrier.

- Professional liability insurance (\$1,000,000)
- Errors and omissions insurance (\$1,000,000)
- Pollution prevention insurance (\$3,000,000)

Verified:

Date: _____

Initial: _____

Please provide information for list, including name, telephone number, website and area of state to be covered.

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