



STATE OF ARIZONA
BOARD OF TECHNICAL REGISTRATION

1110 W. Washington St., Suite 240, Phoenix, Arizona 85007, (602) 364-4930 FAX: (602) 364-4931 www.azbtr.gov

APPLICATION FOR DRUG LABORATORY ON-SITE SUPERVISOR CERTIFICATION

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FEE \$100.00

1. GENERAL INFORMATION

Name Last First Middle
Date of Birth Social Security # (Mandatory)
Residence Address
City, State, Zip/Postal Code Tel.#
Business Name & Address Tel.#
City, State, Zip/Postal Code Fax#
Email

2. BACKGROUND/DISCIPLINE

If the answer to any of the following questions is "yes," please attach a detailed explanatory statement (use additional sheets if necessary) and related official documentation. Please refer to the "Important Notice to Applicants" in the Instructions.

- 1. Have you ever been refused any registration or certification in any state or jurisdiction? Yes No
2. Has any registration or certification of yours ever been suspended or revoked in any state or jurisdiction? Yes No
3. Have you ever been the subject of professional disciplinary action, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No
4. Have you ever been the subject of any type of action by a regulatory agency, or do you now have such action pending against you in any state or jurisdiction (including Arizona)? Yes No
5. Have you ever been known by a name or names other than the one shown on this application? Yes No

If "yes," please state the name(s)

- 6. Have you ever been convicted of a misdemeanor other than a minor traffic violation? ("Set aside" or "expunged" convictions and "no contest" or "nolo contendre" pleas MUST be reported.) Yes No
7. Have you ever been convicted of a felony? ("Set aside" or "expunged" convictions and "no contest" or "nolo contendre" pleas MUST be reported.) Yes No

Applicant Name: _____

3. PROFESSIONAL OR OCCUPATIONAL CERTIFICATIONS, REGISTRATIONS, OR LICENSES HELD OR PENDING IN ANY STATE OR JURISDICTION

Type _____ State _____ Cert.# _____ Year Granted _____

Type _____ State _____ Cert.# _____ Year Granted _____

Type _____ State _____ Cert.# _____ Year Granted _____

4. TRAINING

ANY TRAINING RELATED TO QUALIFICATION MUST BE VERIFIED. A COPY OF THE CERTIFICATE(S) OF COMPLETION, AS OUTLINED IN R4-30-271(A)(8-11), MUST BE ATTACHED.

Name and Location of Training Facility	From - To	No. of Hours Completed	Description of Training Course
	_____ TO _____		
	_____ TO _____		
	_____ TO _____		

5. EXPERIENCE (ON-SITE SUPERVISOR ONLY)

PLEASE ATTACH DOCUMENTATION OF 12 MONTHS OR MORE OF ON-SITE EXPERIENCE IN HAZARDOUS CHEMICAL DECONTAMINATION PROJECTS, AS OUTLINED IN R4-30-271(A)(9).

Applicant Name: _____

6. CERTIFICATION / RELEASE

I certify the information contained in this application to be accurate, true and complete to the best of my knowledge.

I authorize any individual, company or institution with whom I have been associated to furnish the Arizona State Board of Technical Registration with any information concerning my qualifications for professional registration / certification in Arizona, which they have on record or otherwise possess, and release the individual, company or institution and all individuals from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature of Applicant

Date

**The original and one copy of this form must be submitted.
Two copies of all supporting documentation must also be submitted.**

Notice

Knowingly making a false statement in connection with this application may be cause for denial of this application and/or referral for criminal prosecution.