

INSTRUCTIONS FOR COMPLETING THE CLANDESTINE LAB REMEDIATION CONTRACTOR CERTIFICATION PROGRAM APPLICATION

Applications will not be processed, but will be returned to the Applicant if instructions are not followed.

1. **ALL APPLICATIONS MUST BE TYPED!**
2. **APPLICANT INFORMATION.** Fill the application out completely.
3. **DISCLOSURE STATEMENT.** A completed Disclosure Statement must be enclosed with the application.
4. **CERTIFICATION STATEMENT.** The applicant (or a responsible officer of the company) shall sign in the indicated space in black, blue, or blue-black ink or it may be signed electronically.
5. **EMPLOYEE INFORMATION.** The applicant shall meet the Occupational Safety and Health Agency safety training requirements in accordance with 29 CFR 1910.120(e). Additionally, employees shall successfully complete a Clandestine Drug Lab Site Remediation course approved by ADEQ.
6. **FINANCIAL ASSURANCE.** Certified Clandestine Laboratory Remediation Contractor shall provide the following financial assurances:
 - a) A certificate of liability insurance issued by an insurance company licensed to do business in Arkansas certifying that the applicant has a general liability insurance policy in an amount of one million dollars (\$1,000,000.00) per incident and two million dollars (\$2,000,000.00) aggregate for personal or property damage that might occur to third parties arising from the performance of regulated services for inhabitable properties by the contractor or his agents;
 - d) Errors and omissions insurance in the amount of one million dollars (\$1,000,000.00) per occurrence for negligent acts committed in the course of a clandestine lab investigation and/or remediation;
 - e) Pollution liability insurance in the amount of three million dollars (\$3,000,000.00);
and
 - f) Worker's Compensation and Employer's Liability in statutory limits shall be secured and maintained as required by the laws of the State of Arkansas.

In the event the insurance policy lapses, the applicant must provide a suitable replacement policy prior to the expiration of the existing policy. ADEQ shall be named as the certificate holder.

7. **FEES:** The Application fees must be submitted with your application in the form of a money order, cashier's check, or other form of payment as may be determined by the Department. All payments shall be non-refundable.

Make check payable to: ADEQ.

Certification Application Fee: \$200

8. **RENEWAL OF CERTIFICATION:** Certifications are valid for two years, and expire on July 1 of the renewal year.



ARKANSAS
Department of Environmental Quality

FOR ADEQ USE ONLY

Date Received: _____
Amount of Fee Paid: \$ _____
Date Complete: _____
Date Approved: _____
Certification No.: _____

**CLANDESTINE LAB REMEDIATION CONTRACTOR
CERTIFICATION PROGRAM
APPLICATION**

APPLICANT INFORMATION

Important -Do not complete this form until you read the instructions and the guidelines and you understand what is required. All information must be **typed** and all questions must be answered.

1. Business Name:					2. Date:		
3. If you have ever used another business name, list here:							
4. Legal status of business:	Corporation	LLC	LLP	Partnership	Sole Proprietorship	Other	
5. Phone (Office)			Ext.				
Phone (Home)			Fax				
6. E-mail address:							
7. Mailing address:				City, State:		ZIP Code:	
8. Is mailing address the company address? Yes No							
9. Description of Applicant's services:							

FINANCIAL ASSURANCE

FINANCIAL INSTITUTION	FINANCIAL INSTRUMENT NUMBER	AMOUNT	EFFECTIVE DATE
FINANCIAL INSTITUTION ADDRESS		PHONE NUMBER	
INSURANCE COMPANY	POLICY NUMBER	EFFECTIVE DATE	
		EXPIRATION DATE	
INSURANCE COMPANY ADDRESS		PHONE NUMBER	

Applicants must provide within 30 days any change in address, phone number or other information submitted in this registration or if the applicant has the desire to be removed from this registration listing for the purpose of performing remediation services.

DISCLOSURE STATEMENT

Have you submitted a Disclosure Statement to the Department in the last 2 years? Yes No
 If "Yes," to which Division? _____
 If "No," a Disclosure Statement **must** be attached to this application.

CERTIFICATION STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision according to a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, to include denial or revocation of my certification.

Signature _____
 (May be signed electronically or printed and signed)

Date _____

Give a description of the experience and credentials of the Applicant, including any past or present permits, licenses, certificates, or operational authorization relating to environmental regulations in Arkansas or any other jurisdiction.

List and provide an explanation of all civil or criminal legal actions by government agencies involving environmental protection laws or regulations against the Applicant in the ten (10) years immediately preceding the filing of this application, including:

- 1. Administrative enforcement actions resulting in the imposition of sanctions;**
- 2. Permit or license revocations or denials issued by any State or Federal authority;**
- 3. Actions that have resulted in a finding or a settlement of a violation; and**
- 4. Actions that are pending.**

The Applicant agrees to provide any other information the Director of the Arkansas Department of Environmental Quality may require at any time to comply with the requirements of the Disclosure Law and any regulations promulgated thereto. The Applicant further agrees to provide the Arkansas Department of Environmental Quality with any charges, modifications, deletions, or amendments to any part of this Statement as they occur by filing an amended Disclosure Statement.

DELIBERATE FALSIFICATION OR OMISSION OF RELEVANT INFORMATION FROM DISCLOSURE STATEMENT SHALL BE GROUNDS FOR CIVIL OR CRIMINAL ENFORCEMENT ACTION OR ADMINISTRATIVE DENIAL OF A PERMIT, LICENSE, CERTIFICATION, OR OPERATIONAL AUTHORIZATION.

State of _____

County of _____

The information contained in this Disclosure Statement is true and correct to the best of my knowledge, information, and belief.

APPLICANT'S SIGNATURE: _____

ACKNOWLEDGED BEFORE ME THIS _____ DAY
OF _____, 20_____.

NOTARY PUBLIC

My Commission expires:
