

**COUNTY OF SANTA CRUZ
HEALTH SERVICES AGENCY
ENVIRONMENTAL HEALTH SERVICE**

HAZARDOUS MATERIALS CONTRACTOR INFORMATION

Business Name:

Owner(s) Name:

Mailing Address:

Street

City

State

Zip Code

Business Phone:

Website Address:

E-mail Address:

Person(s) authorized to sign applications or conduct business on behalf of the contractor:

Type of License(s)/Certificates(s): (Submit copies for departmental use only)

Please indicate which of our list(s) your business would like to be included on:

- Certified Hazardous Waste Testing Labs
- Companies that Remove Underground Tanks
- Firms Certified to do Precision Tank Testing
- Hazardous Materials Consulting Firms
- Hazardous Waste Haulers
- Monitoring Well Drilling Services
- Risk Management Plan (Cal-ARP)
- Site Assessment, Characterization & Mitigation

Indicate if your business is subject to Worker's Compensation: Yes* No

*If yes, please include a copy of your Worker's Compensation Certification showing policy number, expiration date, and a ten day cancellation notice to Environmental Health Service, Santa Cruz County. Any person employed by a contractor must have Worker's Compensation coverage.

Signature: _____

Date: _____

When complete, please return to: **Environmental Health Service Hazmat – Program
701 Ocean Street, Room 312
Santa Cruz, CA 95060**