

# Reciprocal Worker Certification Application

Clandestine Drug Lab Decontamination



## Instructions

Print and fill out this form. Mail the form, fee, and the additional required information to: Washington State Dept. of Health, Revenue Section  
P.O. Box 1099, Olympia, WA 98507-1099

For overnight service, mail to:  
111 Israel Rd SE, Tumwater, WA 98504-7901

## Application Fee

See instructions for determining the fee on the second page. Make check payable to Washington State Department of Health. **Fees are not refundable or transferable.** Allow 30 days to process.

*Note: Reciprocal application must be received within 60 days of completing and passing worker course with 70% or higher score and reciprocal application must be received before current certification expires or application will not be acted upon, and the worker course must be retaken.*

*Note: All Worker Certificates Expire on November 30, 2025.*

## Reciprocal Certification

### For Initial Certification Submit:

1. Completed application form.
2. Application fee.
3. Two official passport photos.
4. Copy of the 40-hour HAZWOPER certificate.
5. If 40-hour HAZWOPER was taken over one year ago, **also** submit a copy of your **current** 8-hour annual HAZWOPER refresher certificate.
6. Copy of the CDL Worker Course completion certificate, with class date and exam score 70 % or higher issued by the state where certificate was granted.
7. Copy of a valid state-issued driver's license.

## Applicant Information

Name:

Phone:

Email:

Mailing Address:

I hereby apply for a decontamination worker certificate, as described in Washington Administrative Code (WAC) 246-205. I have read and understand, and agree to comply with all federal, state, and local regulations. I understand violation of these regulations could constitute grounds for suspension or revocation of this certificate. I hereby certify that the statements on this application are true and accurate to the best of my knowledge. [See Chapter 18.106 Revised Code of Washington (RCW) for False Statement or Material Misrepresentation.]

Signature:

Date:

## Fees

Initial Application Fee: (See table below)	\$
<b>Total:</b>	<b>\$</b>

## Determining the Application Fee

1. Locate the month and year of your Application Date.
2. Identify the appropriate fee, depending on whether this is an initial or renewal application, and fill it in on the Fees section on the first page.

### Base Time Fee Table

Application Date	Months of Certificate Validity	Initial Application Fee	Renewal Application Fee
November-2023	24	\$100.00	\$50.00
December-2023	23	\$95.83	All certificate renewals are for a two-year period (for example: November 2023—October 2025). It is not possible to renew a certificate for less than a full two-year period.
January-2024	22	\$91.67	
February-2024	21	\$87.50	
March-2024	20	\$83.33	
April-2024	19	\$79.17	
May-2024	18	\$75.00	
June-2024	17	\$70.83	
July-2024	16	\$66.67	
August-2024	15	\$62.50	
September-2024	14	\$58.33	
October-2024	13	\$54.17	
November-2024	12	\$50.00	
December-2024	11	\$45.83	
January-2025	10	\$41.67	
February-2025	9	\$37.50	
March-2025	8	\$33.33	
April-2025	7	\$29.17	
May-2025	6	\$25.00	
June-2025	5	\$20.83	
July-2025	4	\$16.67	*Eligible for initial application and renewal fee at the same time.
August-2025	3	\$12.50	
September-2025	2	\$8.33	
October-2025	1	\$4.17	
November-2025	24	\$100.00	\$50.00

## Reciprocal Application Fee

If you submit an initial application after July 1, 2025, you can also submit the renewal fee (\$50) with it, thus extending your certification through November 30, 2027. For example, if you filled out your initial application in September 2025, your initial application fee would be \$8.33 and your renewal application fee would be \$50, so your total would be \$58.33.

**The renewal fee can *only* be added to initial applications received after July 1, 2025.**

To request this extended certification date, check the Initial application box on the front page of the application form, and submit the total fee required to cover the Initial Application Fee (initial fee on the chart above) and the Certification Renewal Fee (\$50 renewal fee) periods in the Fee section on the first page.

**Questions:** Contact the Clandestine Drug Lab Program at [dohcdl@doh.wa.gov](mailto:dohcdl@doh.wa.gov) or 360-236-3330.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).