APPLICATION FOR DELEGATION OF AUTHORITY

□ Initial Authorization   □ Re-authorization   □ Previous Identification Card attached or returned to

REGISTRATION NUMBER: ___________________________  DATE OF EMPLOYMENT: ___________________________

NAME: __________________________________________  DATE OF BIRTH: ___________________________

POSITION TITLE: ___________________________  EMAIL ADDRESS: ___________________________

COUNTY OF EMPLOYMENT: _______________________________________  COUNTY OF PREVIOUS EMPLOYMENT: _______________________________________  DATE LEFT: ___________________________

PREVIOUS AUTHORIZATION:

( ) CCC  ( ) FLI  ( ) OSW  ( ) TATTOO
( ) CLPP  ( ) MH  ( ) POOLS  ( ) WELLS

INITIAL APPLICANT TRAINING: LOCATION: ___________________________  DATES: ___________________________

TYPE OF AUTHORIZATION REQUESTED:

( ) CCC  ( ) FLI  ( ) OSW  ( ) TATTOO
( ) CLPP  ( ) MH  ( ) POOLS  ( ) WELLS

__________________________
DATE: ___________________________  SIGNATURE: ___________________________

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules.

DATE: ___________________________  SIGNATURE: ___________________________

STATEMENT OF SUPERVISOR

I hereby certify that the applicant has successfully completed the Preliminary Duties and Field Practice and Review. The applicant is ready to be considered for authorization.

DATE: ___________________________  SIGNATURE: ___________________________

INSTRUCTIONS:

Purpose: To request authority to be delegated to an environmental health specialist to administer and enforce state environmental health laws and rules.

Preparation: This form shall be completed by the applicant when all Preliminary Activities and Field Practice and Review have been completed or when the applicant changes the county of employment. Each item preceded by a blank space must be initialed and dated by the applicant when the activity has been completed.

Distribution: 1. Original to: Education & Training, Environmental Health Section
  1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00)
  2. Copy: Local health department files.

Disposition: This form may be destroyed in accordance with Standard 6, Personnel Records, Records Disposition Schedule published by the North Carolina Division of Archives and History.

Additional Forms: This form may be copied as needed.

DPH-EHS 1056 (REVISED 2/23/12)
A.D.B.