

Request for Delegation of Authority
for
Contract Work

Authorization Procedures

Revised February 23, 2012

APPLICATION FOR CONTRACT WORK AUTHORIZATION

REGISTRATION NUMBER _____ DATE OF EMPLOYMENT: _____

NAME: _____ DATE OF BIRTH: _____

POSITION TITLE: _____ EMAIL ADDRESS: _____

CURRENT AUTHORIZATION IN:

CCC FLI OSW TATTOO

CLPP MH&FFH POOLS WELLS

(To be eligible for delegation of authority the individual must be employed by a local health department.)

COUNTY OF EMPLOYMENT: _____ HEALTH DIRECTOR: _____

ADDRESS: _____

COUNTY IN WHICH CONTRACT WORK IS REQUESTED: _____

ADDRESS: _____

TYPE OF AUTHORIZATION REQUESTED:

CCC FLI OSW TATTOO

CLPP MH&FFH POOLS WELLS

BEGINNING DATE: _____ (Please do not say ASAP.)

STATEMENT OF APPLICANT

I hereby request that I be authorized to enforce state laws and rules on a contractual basis.

DATE: _____ SIGNATURE: _____

INSTRUCTIONS

Purpose: To request temporary delegation of authority to enforce state environmental health laws and rules in an emergency situation.

Preparation: This form shall be completed by the authorized agent requesting contract authorization.

Distribution: 1. Original to: Environmental Health Section, Office of Education & Training
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.