

N. C. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH SECTION
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

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.