



State of Louisiana
Louisiana Department of Health
Office of Public Health

Louisiana CCC Surveyor Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____ Birth Date: _____

Job Information

Company Name: _____ Title: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

CCC Surveyor Certification Information

Certified By: _____

Certificate Number: _____

Issue Date: _____

Expiration Date: _____

Complete all information above and submit with a copy of your certificate by email or fax to:

Jeremy Harris, Compliance Engineer
LDH/OPH – Engineering Services
Phone: 225-342-7471
Fax: 225-342-7303
Email: jeremy.harris@la.gov