



State of Louisiana
Louisiana Department of Health
Office of Public Health

General Tester Information

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: () _____

Certification Information

Certified By: _____

Certificate Number: _____

Issue Date: _____

Expiration Date: _____

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

Jeremy Harris, Compliance Engineer
LDH-OPH-CEH-Engineering Services
P.O. Box 4489
Baton Rouge, LA 70821
Email: jeremy.harris@la.gov
Fax: 225-342-7303