



# State of Louisiana

Department of Health and Hospitals  
Office of Public Health  
Engineering Services Operator Certification

## Operator Hearing Form Request

An operator may file a request for hearing of the Committee of Certification. This form should be filled out and mailed to the following address:

**Louisiana Department of Health & Hospitals**  
Office of Public Health – Operator Certification Program  
P.O. Box 4489  
Baton Rouge, LA 70821-4489

This form is voluntary and may be used as guidance in writing your request for hearing.

Name of Operator filing Request for Hearing: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street or Post Office Box

\_\_\_\_\_  
City / State / Parish / Zip

**Describe your request including the following as applicable: (a written statement may be attached or used instead of this form)**

- A statement of facts upon which the Request for Hearing is based;
- A proposed solution to the problem.

Submit your request to the Committee of Certification through the Administrator of the Operator Certification Section to the above address.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date