

John Bel Edwards  
GOVERNOR



Dr. Courtney N. Phillips  
SECRETARY

**State of Louisiana**  
**Louisiana Department of Health**  
**Office of Public Health**  
Engineering Services-Operator Certification Program

**Operator Hearing 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**  
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: \_\_\_\_\_

**Home Address:** \_\_\_\_\_

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

**Describe your request including the following as applicable: (a written statement may be attached or used with 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