

THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES

Environmental Health Division 3000 Pacific Avenue SE - Room 225 Olympia WA 98501

(360) 867-2626

MONITORING SPECIALIST APPLICATION FORM

New Company [] Renewal [] I			
Change of Business Name [] Prev	ious busine	ess name:	
Other []			
FIRM NAME:		OWNER NAME:	
ADDRESS:			
MAILING ADDRESS:			
CITY:	STATE:		ZIP:
PHONE:	FAX:		
EMAIL:			
LIST NAMES OF CERTIFIED FIELD STA	AFF OPERAT	TING IN THURSTON CO	DUNTY:
Name:		Name:	
Name:		Name:	
Name:		Name:	
Applicants Signature:			Date:
	FOR DEPA	ARTMENT USE ONLY	
Date:Amount Received			By:
() Renewal Approved Date	By		
Comments			

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