

REGISTERED ENVIRONMENTAL HEALTH SPECIALIST BIENNIAL RENEWAL APPLICATION

Mail to:

California Department of Public Health
EHS Registration Program MS 7404
PO Box 997377
Sacramento, California 95899-7377

REHS Number:

Fees Due: \$175.00
Penalty for late payment \$ 88.00
After 1/31//2009 \$263.00

Amount enclosed: _____

Make corrections as necessary:

Name – Last		First		Middle		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address – Street/ PO Box			City		State - Zip Code	
Phone – work			Phone - home or cell			
E-mail address			Post-graduate degree		Field of Study	
Employer			Position/Title			

Section 106695 of the Health and Safety Code allows biennial registration for retired professionals. As retired and inactive professional you are not permitted to use the title of Registered Environmental Health Specialist or REHS. In order to qualify you must meet all three of the following requirements and **submit \$25 biennial fee**:

1. You are over 50 years old or collecting retirement benefits.
2. You have been registered in California as an REHS for at least 10 years or received on the job disabilities before the 10 years elapsed.
3. You are NOT currently employed in a position that requires registration.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION ON THIS RENEWAL FORM ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Date: _____

FOR CASHIER'S USE