



OKLAHOMA
State Department
of Health

Oklahoma State Department of Health
Consumer Health Services
PO Box 268815
OKC, OK 73126-8815
Telephone: 405.426.8250 Fax: 405.900.7557
Website: Oklahoma.gov/health/CHS

BEDDING PERMIT APPLICATION FORM

Please check the permit you are applying for (a RENOVATOR* is required to have both permits):

- | | | |
|--|--|---|
| <input type="checkbox"/> Initial Manufacturer Permit Fee \$5 | <input type="checkbox"/> +Initial Germicidal Permit Fee \$25 | <input type="checkbox"/> *Initial Both \$30 |
| <input type="checkbox"/> Renewal Manufacturer Permit Fee \$5 | <input type="checkbox"/> Renewal Germicidal Permit Fee \$5 | <input type="checkbox"/> *Renewal Both \$10 |
- +Initial/Modified Germicidal Applications must include page 2 of the application form "Germicidal Method"

Please check the permit type you are applying for:

- | | | |
|---|-------------------------------------|---------------------------|
| <input type="checkbox"/> Non-Stamp Permit | OR | |
| <input type="checkbox"/> Stamp Permit | Number of Stamps (multiples of 100) | _____ x \$0.05 = \$ _____ |

Please check if permit is for an **IMPORTER ONLY** (List the Importer information in the Plant/Manufacturer Section)

Plant/Manufacturer Name: _____

Location (Physical Address): _____
Street Address/Finding Location

_____ City _____ State _____ Zip

Mailing Address (if different): _____
Mailing Address

_____ City _____ State _____ Zip

(Fill-out IF applicable – all correspondence will be mailed to this address if completed)

Corporation/Company Name: _____

Corporation Address: _____
Mailing Address

_____ City _____ State _____ Zip

Articles Manufactured: _____

Articles Repaired and/or Renovated: _____

Are Second Hand Materials to be Used? Yes No Uniform Registry Number (URN): _____

Application Point of Contact Name: _____ Primary Phone Number: _____

Email Address: _____

Owner/Manager Name: _____

Title: _____

Signature: _____ Date: _____

Include w/Application:

- Correct Fee
- TWO (2) Copies of Law Label

(NOTE: Retain a copy of the completed form for your files.)



BEDDING PERMIT APPLICATION FORM

GERMICIDAL METHOD

(This page must be completed for Initial Germicidal Permits or in the event germicidal processes change ONLY.)

Please check the following methods of cleaning that will be used (check all that apply):

Dry Method – thoroughly brushed and vacuumed to remove all dirt & debris; not to be used with stained bedding or where particles cannot be removed **(310:215-5-2. (d))**

LABEL: Physical Cleaning - Dry

Wet Method – washed thoroughly with detergent & warm/hot water then rinsed to remove all accumulated detergent, dislodged soil and stains **(310:215-5-2. (e))**

LABEL: Physical Cleaning - Wet

The following insecticide will be used to thoroughly dampen the surface: _____

The insecticide will be applied by (check all that apply):

Adding to the wash water (if wet method used)

Adding to the rinse water (if wet method used)

Applied separately

Other: _____

The following germicide will be used to thoroughly dampen the surface to ensure total surface contact:

Steri-Fab

Micro Ban

Other: _____

If Other, please provide registration verification from the U.S. Environmental Protection Agency (EPA) & the Oklahoma State Department of Agriculture, Food & Forestry (ODAFF).

The germicide will be applied by (check all that apply):

Adding to the wash water (if wet method used)

Adding to the rinse water (if wet method used)

Applied separately using the following equipment: _____

Other: _____

Will the germicide contain fluorescent particles? Yes No

Briefly describe the storage layout for treated and untreated bedding & bedding materials:

I affirm the germicidal process outlined above will completely leave bedding products clean and free of germs, insects, stains and odors. Bedding will also be tagged using the appropriate label statements and yellow tags.

Owner/Manager Name: _____

Title: _____

Signature: _____ Date: _____

(NOTE: Retain a copy of the completed form for your files.)