

Georgia Bio Recovery Association aka Cleaner911.org



Application for Membership

Before applying for membership to the Georgia Bio Recovery Association you must first have already established your credibility and have a license / registration number with the State of Georgia and the Georgia Secretary of State's Office.

Company Name: _____

Address: _____

Primary Owner (s): _____

Website: _____

Email Address _____

Phone Number: _____ 24 Dispatch Line: _____

Primary Contact Person: _____

GA SOS Bio License / Registration Number: _____

GA EPD PBR COL Number: _____ GA EPD PBR TR Number: _____

**If you do not have your GA EPD PBR numbers, look for a PDF link where you found this application.*

Please list the counties in Georgia that you can service within a 1.5-hour window from your brick and motor location.

Please list any courses that you have taken and passed in the field of biorecovery, forensic remediation or crime and trauma scene cleaning. Please also attach your certificate(s).

Please list any employees / technician's that you have on staff that have taken and passed a course in the field of biorecovery, forensic remediation or crime and trauma scene cleaning. Please also attach their certificate(s).



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Do you attest and assure that your company conducts background checks on all your employees / technicians that you will dispatch to a trauma cleanup sites in the state of Georgia? This is to assure the families or businesses that we provide services for in Georgia of their safety.

Print Name

Signature

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of any facts called for in the application may render this application void and will be cause for termination of membership whenever discovered.

Print Name

Signature