

**Supervising Non-production Chemical Laboratories**  
**C-14**  
**RENEWAL FORM**

Date \_\_\_\_\_

I hereby certify that I have fully read the new C-14 examination study material and understand its content. I understand that the rules and regulations have changed since I was first issued my certificate of fitness and I understand that non-production laboratories must be regulated in accordance with these new rules and requirements. I also understand that the Department reserves the right to require me to take a re-examination upon submission of renewal applications, and that failure to submit this document with my renewal application may require me to retake the examination.

_____	_____	_____
Name (Print)	Certificate of Fitness Number	Signature

**UNI:** \_\_\_\_\_

**Expiration Date (on the card):** \_\_\_\_\_

Please complete if your HOME ADDRESS has changed since your last card.

**ENTER NEW HOME ADDRESS INFORMATION HERE**

ADDR1 \_\_\_\_\_

ADDR2 \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Please complete if your LAB ADDRESS has changed since your last card.

**ENTER NEW LAB INFORMATION HERE**

ADDR1 \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Email scan completed form to: [fire-life@columbia.edu](mailto:fire-life@columbia.edu)