ON-SITE SEPTIC INSTALLER APPLICATION

NAME OF BUSINESS: ____________________________________________

INDIVIDUAL CERTIFIED: ________________________________________

BUSINESS MAILING ADDRESS: _____________________________________

BUSINESS PHONE NUMBER: _______________________________________

CELL PHONE NUMBER: ___________________________________________

***(Please indicate if you do not want cell phone number to be provided on Installer list that is given to the public/internet)***

FAX NUMBER: ___________________ EMAIL ADDRESS: ______________________

CONTRACTORS LICENSE NUMBER: _______________________________________

EXPIRATION DATE: __________________________

***BONDING REQUIREMENT: Attach a copy of your Washington State Department of Labor and Industry Contractors License.***

***NEW APPLICANTS MUST TAKE AND PASS THE INSTALLER TEST***

PLEASE CALL IN ADVANCE FOR A TIME  509-766-7960

_____ INSTALLER EXAM: $ 93.00 EA

_____ INSTALLER CERTIFICATION: $242.00 EA

Operating without a valid certificate or septic permit: DOUBLE NORMAL CERTIFICATE/PERMIT FEE

CERTIFICATES ARE NOT TRANSFERRABLE AND EXPIRE ON DECEMBER 31.

$30.00 OF EACH REQUESTED REFUND OF A LICENSE FEE WILL BE RETAINED BY THE HEALTH DISTRICT FOR ADMINISTRATIVE EXPENSES.

__________________________________________  __________________________
Approved/Disapproved  By  Date

__________________________________________  __________________________
Amt. Received  Receipt #  Date  Initial

__________________________________________  __________________________
Permit #  Date Permit Mailed