



**APPLICATION FOR A LICENSE
TO INSTALL ON-SITE WASTEWATER TREATMENT SYSTEMS**

New/Lapsed \$35.00 Renewal \$35.00

Renewals must have been received before December 30, 2016

-or-

If lapsed, a \$35.00 fee and re-taking of the installers test will be required to renew the license

Tri-County License Number: _____
(If renewing a lapsed license)

Name of Applicant: _____

Company Name: _____

Name of Owner: _____

Company Address: _____

City _____ State _____ Zip _____ Phone: _____

Fax: _____

Job Title: _____

Email Address: _____

The applicant certifies that he/she understands the Tri-County Health Department Rules and Regulations Governing On-Site Wastewater Treatment Systems, and will construct all on-site wastewater treatment systems in compliance with the regulations and permits issued by the Health Department.

Name of Applicant (please print) _____

Date _____ *Signature of Applicant* _____

Please make checks payable to: TRI-COUNTY HEALTH DEPARTMENT

* * * * * BELOW SPACE FOR TRI-COUNTY OFFICE USE * * * * *

Received Affidavit of Citizenship? Yes No Copy on File Not Applicable

Passed Licensing Exam: _____
Date _____ Health Department Verification _____

Test Score: _____

Approved by Health Officer

Tri-County Health Department services are provided without regard to race, color, sex, age, religion, national origin or disability.