APPLICATION FOR REGISTERED OR MASTER SEPTIC TANK CONTRACTOR EXAMINATION

1. TYPE OF CERTIFICATION REQUESTED

Please complete each question and type or print all information legibly and in black or blue ink.

(ALL APPLICABLE SECTIONS MUST BE COMPLETED IN FULL)

Please specify the type of examination for which you are applying:

☐ **Registered Septic Tank Contractor** ☐ **Re-exam**
☐ **Master Septic Tank Contractor** ☐ **Re-exam**

DO NOT WRITE IN THIS SPACE
FOR DEPARTMENT USE ONLY

ORG.CODE/E.O./FUND: ***37358010000***

Account Creation $25
Exam $75 **Receipt #:** **Payment #:**

OSPAC002227 Account Creation Fee _____ _____
OSPRE 002227 – Exam Fee _____ _____

2. APPLICANT PROFILE DATA

Name: _____
Last **First** **Middle**

Mailing Address: _____
Number **Street** **Apt.**

_____
City **State** **Zip**

2X2 PASSPORT-STYLE PHOTO (not older than six months)

PLACE PHOTO HERE

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**Social Security Number: _____ - _____ - _____

Date of Birth: _____/_____/_____

*Email Address: _____

What is your primary daytime phone number?

Primary telephone: (_____) _____ - _____

Secondary telephone: (_____) _____ - _____

**Social Security numbers must be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), Public Law 104-193, 1996.

3. NAME CHANGE INFORMATION

Have you ever changed your name through marriage or through action of a court? Have you ever been known by any other name?

☐ **NO**

☐ **YES** If yes, list the name(s) and date(s) of change**:** Name: _____ Date:_____

NOTE: You are required to submit legal name change documentation if different from supporting documentation.

4. MASTER SEPTIC TANK CONTRACTOR ONLY (Applicants for registered septic tank contractor move to next section)

Are you currently a septic tank contractor or a plumber licensed under Chapter 489, F.S.?

☐ **YES** **Septic Tank Contractor Registration / Plumbing Contractor License Number** _____

Date of first issue _____/_____/_____

☐ **NO – Move to Section 5.**

Have you completed the required DEP APPROVED TRAINING COURSES?

☐ **YES** Attach a copy of your certificate(s) of course completion and complete the table below.

Course Title	Date Completed	Result (Pass/Fail)
Master I (ACT I): OSTDS Concepts, Materials, Regulations & Application Process		
Master II (ACT II): Introduction to Florida Soil & Site Evaluation Process		
Master III (ACT III): OSTDS Construction Permits & Inspections		
Master IV: Low Pressure Dosing Design Considerations		

ACT stands for Accelerated Certification Training

☐ **NO**

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5. APPLICANT AFFIRMATION

I affirm that the information given above is correct and true to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any license I may hold. Further, I understand that it is my responsibility to supplement my application to reflect any material change in circumstances, which may affect my eligibility for examination or certification.

Signature of Applicant: _____ Date Signed: _____

PLEASE NOTE

Before mailing your application, please make sure you have completed the application in its entirety. Attach all required certificates, supporting documentation, and one 2x2 photo. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount.

Send application to:

Department of Environmental Protection
Post Office Box 3070
Tallahassee, Florida 32315

You will be notified of any deficiencies in your application. Our office has up to **30 business days** to notify you in writing of your application status. Please allow our office sufficient time to receive and process your application before calling.