APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION RENEWAL

1. Type Of Registration

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

(ALL SECTIONS 1 through 6 MUST BE COMPLETED IN FULL)

Do not Write in this Space For Department Use Only	
ORG.CODE/E.O./FUND: 37358010000	
Registration Renewal:	$100
Receipt #:	Payment #:
OSPRR 002227 - Renewal Fee:	

☐ Registered Septic Tank Contractor ☐ Master Septic Tank Contractor

2. APPLICANT PROFILE DATA

First Name: _____Last Name: _____Middle Name: _____

Mailing Address: _____Apt. #: _____

City: _____ State: _____ZIP Code: _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Email Address: _____

What is your primary daytime phone number?

Primary telephone: (_____) _____ - _____

Secondary telephone: (_____) _____ - _____

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 in the space below:

Original Name	Name Change	Date of Name Change

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

4. CONTINUING EDUCATION INFORMATION

Attach a copy of certificate of attendance for each course. List master contractor level courses first and check "ML" for master level courses.

COURSE TITLE	LOCATION	DATE	ML

5. APPLICANT AFFIRMATION

I affirm the information contained in this application, which serves as the basis for determining my eligibility for registration renewal, is true. I understand any misrepresentation or concealment of material facts in this application is grounds for an administrative fine or denial or revocation of my septic tank contractor registration.

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, and supporting documentation. 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.