



STATE OF FLORIDA

# DEPARTMENT OF ENVIRONMENTAL PROTECTION

## APPLICATION FOR CERTIFICATE OF AUTHORIZATION

**FORWARD COMPLETED APPLICATION AND \$250.00 FEE TO:**

DEPARTMENT OF ENVIRONMENTAL PROTECTION,  
 DIVISION OF WATER RESOURCE MANAGEMENT,  
 2600 BLAIR STONE ROAD, MS 3596,  
 TALLAHASSEE, FL 32399-2400

**MAKE CORRECTIONS IN THE SPACES BELOW.  
 NOTIFY THE ONSITE SEWAGE PROGRAM  
 OFFICE WITHIN 30 DAYS OF ANY CHANGES.**

**BUSINESS  
 NAME**

**MAILING  
 ADDRESS**

**BUSINESS  
 ADDRESS**

**COUNTY**

**TELEPHONE**

**E-MAIL  
 ADDRESS**



**PLEASE CHECK EACH TYPE OF SEPTIC TANK CONTRACTING SERVICE YOU PROVIDE.**

<input type="checkbox"/>	<b>NEW SYSTEM INSTALLATIONS</b>	<input type="checkbox"/>	<b>SYSTEM MAINTENANCE</b>	<input type="checkbox"/>	<b>HOLDING TANK</b>
<input type="checkbox"/>	<b>SYSTEM REPAIRS</b>	<input type="checkbox"/>	<b>SEPTAGE DISPOSAL SERVICE</b>	<input type="checkbox"/>	<b>EXCAVATION / FILL HAULING</b>
<input type="checkbox"/>	<b>SYSTEM DESIGN</b>	<input type="checkbox"/>	<b>PORTABLE TOILET SERVICE</b>	<input type="checkbox"/>	<b>TANK ABANDONMENT</b>
<input type="checkbox"/>	<b>SITE EVALUATIONS</b>	<input type="checkbox"/>	<b>AEROBIC UNIT SERVICE</b>	<input type="checkbox"/>	<b>EXISTING SYSTEM INSPECTIONS</b>

**PLEASE LIST ALL PERSONNEL WHO ACT IN THE BUSINESS'S BEHALF AS SEPTIC TANK CONTRACTORS AND INDICATE THEIR POSITION [PARTNER, ASSOCIATE, PRINCIPAL OFFICER, OWNER, EMPLOYEE]. ALL PERSONNEL ACTING AS SEPTIC TANK CONTRACTORS MUST BE REGISTERED WITH THE DEPARTMENT. LIST QUALIFYING CONTRACTOR FIRST.**

<b>CONTRACTOR'S NAME</b>	<b>REGISTRATION NUMBER</b>	<b>POSITION</b>

**I AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION, WHICH SERVES AS THE BASIS FOR DETERMINING ELIGIBILITY FOR SEPTIC TANK CONTRACTING CERTIFICATE OF AUTHORIZATION, 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 CONTRACTING AUTHORIZATION.**

**QUALIFYING CONTRACTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**

<b>FOR OFFICE USE ONLY</b>	Application Check No. _____	Authorization Number: _____
	Date of Application Check: _____	Date Issued: _____
	Check Amount: _____	
	Date of Approval: _____	
	or	
	Date of Denial: _____	