



APPLICATION FOR CERTIFICATE OF AUTHORIZATION

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

(ALL SECTIONS 1 through 4 MUST BE COMPLETED IN FULL)

**Do Not Write in This Space
For Department Use Only**

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

Business Authorization: \$250

Receipt #: Payment #:

OSPBA 002227 - Renewal Fee:

Initial ☐ Renewal ☐ Update Business Information ☐

1. BUSINESS INFORMATION

Business Name: _____

Mailing Address: _____

Business Address: _____

County: _____

Telephone: _____

Email Address: _____

2. DIVISION OF CORPORATIONS (SUNBIZ) INFORMATION:

Exempt ☐ Legal Company Name ☐ Fictitious Name ☐

Document Number: _____ Registration Number: _____

Date of Most Recent Annual Report: _____ Expiration Date: _____

3. Contractor Information:

Please list all personnel who act on the business' 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.

Contractor	Registration Number	Position

4. Applicant Affirmation:

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 Signed: _____

Send application to:

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

You will be notified of any deficiency 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.

Office Use Only: Business Authorization Number: