

APPLICATION FOR SEPTIC TANK CONTRACTING COURSE APPROVAL

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

(ALL SECTIONS 1 through 3 MUST BE COMPLETED IN FULL)

DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY

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

Course Approval Total \$25/hr(max \$150) Receipt #: Payment #: OSPCR - 002227 — Course Approval Fee

1. Provider Information:		
Provider Name:	Provider Number:	
2. Course Information:		
Course Title:		
Course Level: Registered	Master	
COURSE LOCATION	AP A F	COURSE DATE
LIST COURSE INSTRUCTOR	S AND ATTACH	COURSE SECTION TITLE
QUALIFICATIONS		
Please indicate the topics you	intend to instruct on and attach the cou	ırse syllabus
OSTDS Installations	□OSTDS & Public Health	□Hydric Soil Indicators
OSTDS Repairs	□Environmental Effects	□Mineral Aggregates
□OSTDS Design/Dosing	□Aerobic Treatment Units	□Safety
□Alternative OSTDS	□Portable Restroom Contracting	□Business Practice
□Innovative OSTDS	□Septage Treatment & Disposal	□Office Management
⊐OSTDS Maintenance	□Basic Soils	□Other:
Total Classroom Contact Hours At	\$25.00 Per Hour = \$	

3. 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:
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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.

