



STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR SEPTIC TANK CONTRACTOR
REGISTRATION

FORWARD COMPLETED APPLICATION WITH REQUIRED STATEMENTS, EMPLOYMENT DOCUMENTATION AND \$75.00 FEE TO:
DEPARTMENT OF ENVIRONMENTAL PROTECTION, DIVISION OF WATER RESOURCE MANAGEMENT,
2600 BLAIR STONE ROAD, MS 3596, TALLAHASSEE, FL 32399-2400

SECTION I: PERSONAL INFORMATION

NAME OF APPLICANT LAST FIRST MI

DATE OF BIRTH MM DD YY EMAIL ADDRESS

BUSINESS NAME TELEPHONE ()

MAILING ADDRESS STREET/PO BOX CITY COUNTY STATE ZIP

PLEASE CHECK EACH TYPE OF SERVICE YOU INTEND TO PROVIDE AS A SEPTIC TANK CONTRACTOR.

Table with 4 columns: NEW SYSTEM INSTALLATIONS, SYSTEM MAINTENANCE, HOLDING TANK, SYSTEM REPAIRS, SEPTAGE DISPOSAL SERVICE, EXCAVATION / FILL HAULING, SYSTEM DESIGN, PORTABLE TOILET SERVICE, TANK ABANDONMENT, SITE EVALUATIONS, AEROBIC UNIT SERVICE, EXISTING SYSTEM INSPECTIONS

SECTION II: EMPLOYMENT HISTORY

COMPLETE ATTACHMENT 1 DOCUMENTING THE MOST RECENT 25 CONTRACTS COMPLETED IMMEDIATELY PRECEDING THE DATE OF FILING. ATTACH (1) TWO SIGNED STATEMENTS FROM PERSONS FOR WHOM YOU HAVE PROVIDED SERVICES IN THE ONSITE SEWAGE INDUSTRY STATING WHAT SERVICES WERE PROVIDED. (2) CERTIFICATION FROM A REGISTERED SEPTIC TANK CONTRACTOR OR PLUMBING CONTRACTOR OF EMPLOYMENT DATES AND WORK RESPONSIBILITIES. (3) DOCUMENTATION OF FEDERAL WITHHOLDING, SOCIAL SECURITY, AND WORKER'S COMPENSATION PAYMENT.

1. BUSINESS NAME SUPERVISOR'S NAME AND LICENSE NUMBER BUSINESS ADDRESS DATES OF EMPLOYMENT TO TELEPHONE WORK RESPONSIBILITIES

2. BUSINESS NAME SUPERVISOR'S NAME AND LICENSE NUMBER BUSINESS ADDRESS DATES OF EMPLOYMENT TO TELEPHONE WORK RESPONSIBILITIES

3. BUSINESS NAME SUPERVISOR'S NAME AND LICENSE NUMBER BUSINESS ADDRESS DATES OF EMPLOYMENT TO TELEPHONE WORK RESPONSIBILITIES

CONTINUED ON REVERSE

SECTION III: MORAL CHARACTER

PLEASE ANSWER EACH QUESTION. IF YOU ANSWER "YES" TO ANY QUESTION, PLEASE ATTACH A STATEMENT AND DOCUMENTATION EXPLAINING YOUR ANSWER.	YES	NO
HAVE YOU BEEN CONVICTED OR FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE TO, REGARDLESS OF ADJUDICATION, FOR A CRIME IN ANY JURISDICTION?		
DO YOU HAVE A DISCIPLINARY CASE OR ADMINISTRATIVE PENALTY PENDING WITH THE DEPARTMENT INVOLVING SEPTIC TANK CONTRACTING?		
HAVE YOU BEEN CONVICTED OF A CRIME IN ANY JURISDICTION RELATING TO SEPTIC TANK CONTRACTING DURING THE LAST TWELVE MONTHS?		
HAVE YOU HAD A SEPTIC TANK CONTRACTING REGISTRATION REVOKED WITHIN THE LAST FIVE YEARS?		

I AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION, WHICH SERVES AS THE BASIS FOR DETERMINING MY ELIGIBILITY FOR SEPTIC TANK CONTRACTOR REGISTRATION, 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.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION IV: REGULATORY REVIEW

APPLICATION MUST BE REVIEWED BY THE COUNTY HEALTH DEPARTMENT FOR THE COUNTY IN WHICH YOUR BUSINESS IS LOCATED. IF THE COUNTY HEALTH DEPARTMENT HAS NOT REGULATED YOUR WORK, ATTACH A LETTER FROM THE GOVERNMENT AGENCY WHICH REGULATED YOUR WORK, IN ADDITION TO THE COUNTY HEALTH DEPARTMENT REVIEW.

1. HAVE YOU REGULATED WORK PERFORMED BY THE APPLICANT? YES [] NO []

2. HAS THE WORK BEEN PERFORMED IN COMPLIANCE WITH STATE LAWS AND RULES? YES [] NO []

3. HAS THE APPLICANT BEEN CONVICTED OF A CRIME RELATING TO SEPTIC TANK CONTRACTING, OR HAS ANY ENFORCEMENT ACTION BEEN TAKEN AGAINST THE APPLICANT? YES [] NO []

REVIEWED BY: _____ TITLE _____

OFFICE _____ TELEPHONE _____ DATE _____

FOR OFFICE USE ONLY		Application Check No. _____	Registration Check No. : _____
		Date of Application Check: _____	Date of Registration Check _____
		Check Amount: _____	Check Amount _____
		Date of Approval/Denial: _____	Registration Number _____
		Approved By _____	Date Issued _____
		Examination Date _____	



STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION
ATTACHEMENT 1: SEPTIC TANK CONTRACTS

LIST THE 25 MOST RECENT CONTRACTS COMPLETED IMMEDIATELY PRECEDING THE DATE OF FILING.

	JOB DESCRIPTION NEW, REPAIR, PUMPOUT	LOCATION LOT / ADDRESS CITY, ST, ZIP	CUSTOMER OWNER	PERMIT NUMBER	DATE COMPLETED	SEPTIC TANK CONTRACTOR
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

CONTINUED ON REVERSE

	JOB DESCRIPTION NEW, REPAIR, PUMPOUT	LOCATION LOT / ADDRESS CITY, ST, ZIP	CUSTOMER OWNER	PERMIT NUMBER	DATE COMPLETED	CONTRACTOR
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						