



STATE OF FLORIDA

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**APPLICATION FOR SEPTIC TANK CONTRACTOR**  
**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



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

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

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.

CONTRACTOR'S NAME	REGISTRATION NUMBER	POSITION

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: _____	