



STATE OF FLORIDA

# DEPARTMENT OF ENVIRONMENTAL PROTECTION

## APPLICATION FOR SEPTIC TANK CONTRACTING COURSE PROVIDER

**COURSE PROVIDER APPLICATION FEE \$250.00. FORWARD COMPLETED APPLICATION TO:  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER RESOURCE MANAGEMENT  
2600 BLAIR STONE ROAD, MS 3596  
TALLAHASSEE, FL 32399-2400**

### SECTION I

PROVIDER NAME	
MAILING ADDRESS	
TELEPHONE NUMBER	
FACSIMILE NUMBER	

### SECTION II

**PLEASE INDICATE THE STRUCTURE OF YOUR BUSINESS BY CHECKING ONE OF THE FOLLOWING:**

<b>CORPORATION</b> <input type="checkbox"/>	<b>PARTNERSHIP</b> <input type="checkbox"/>	<b>MEMBERSHIP</b> <input type="checkbox"/>	<b>SOLE PROPRIETORSHIP</b> <input type="checkbox"/>
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REGISTERED AGENT & OFFICERS • PARTNERS MEMBERSHIP DIRECTORS • OWNER NAME			ADDRESS	POSITION

### SECTION III

I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

\_\_\_\_\_  
Print or Type Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b>	Check Number _____	Approval Date _____
	Check Date _____	Expiration Date _____
	Check Amount _____	Provider # _____
	Date of Denial _____	Reviewed By _____

## **INSTRUCTIONS:**

### **SECTION I**

- Provider name:** Name of the organization or sponsor seeking approval to provide septic tank contracting continuing education courses.
- Mailing address:** Mailing address of the organization or sponsor seeking course provider approval.
- Telephone #:** Telephone number of the organization or sponsor seeking course provider approval.
- Facsimile #:** Facsimile number of the organization or sponsor seeking course provider approval.

### **SECTION II**

**Mark the box under the business type that describes the business structure of the organization or sponsor seeking course provider approval.**

**List the name, address and position of the registered agent and officers, all partners, membership directors, or owners of the organization or sponsor seeking course provider approval.**

### **SECTION III**

**The authorized representative of the organization or sponsor seeking course provider approval acknowledges understanding of the affirmation statement by printing, signing and dating the application.**

**Mail completed application to:**

**Department of Environmental Protection  
Division of Water Resource Management  
2600 Blair Stone Road, MS 3596  
Tallahassee, FL 32399-2400**