

Request for Authorization for ACT Exams

I, _____, hereby request an authorization for examination or re-examination for the ACT Exam(s).

ACT Exam ___ 1 ___ 2 ___ 3

___ I am Department personnel (Department of Health or Department of Environmental Protection).

___ I am an Engineer or Engineering Staff.

___ I am a Private CEHP.

___ I am a Registered Septic Tank Contractor/Licensed Plumber.

If I am an Engineer or Engineering Staff, Private CEHP, or Registered Septic Tank Contractor/Licensed Plumber, I have enclosed a check or money order in the amount of \$50.00 for each examination or examination re-take fee with this form. Note: Please make the check or money order payable to the Department of Environmental Protection and send it to this address:

Florida Department of Environmental Protection
Division of Water Resource Management
Onsite Sewage Programs
Attn: Khristian Smith
2600 Blair Stone Road, MS 3596
Tallahassee, FL 32399

If I am Department personnel, please email this form to OSTDS_Feedback@FloridaDEP.gov for processing and re-authorization.

Signature: _____ Date: _____

Official Use Only

Approved: ___ Yes ___ No

Approval valid until: _____

ACT Exams approved for: ___ 1 ___ 2 ___ 3

Reviewed by: _____

Date Reviewed: _____