

Request for Authorization for ACT Exams

I, First Name Middle Name Last Name, hereby request an authorization for examination or re-examination for the ACT Exam(s). I took the ACT course(s) on_____.

ACT Exam ☐ 1 ☐ 2 ☐ 3

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

___ I am an Engineer or Engineering Staff.

___ I am applying to be a Private CEHP.

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

If this is an initial exam authorization provide:

Address: City: State: ZIP: County:

DOB: Email: Phone:

Company Name:

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
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: _____