

## Request to Retake the Septic Tank Contractor Registration Examination

check or money order in the am	•	00 for the examination fee.	Enclosed is a
Full Name		Signature	 Date
Please make the check or mone		able to the Department of Environ	mental Protection.
Division of Water Resou Onsite Sewage Program Attn: Septic Tank Contra 2600 Blair Stone Road, Tallahassee, Florida 323	rce Manager n actor Progran MS 3596	ment	
	Offic	ial Use Only	
Approved: Yes	☐ No	Re-Examination Date:	
Reviewed By:		Location:	
Date Reviewed:		Remarks:	