STATE OF FLORIDA

DEPARTMENT OF HEALTH

APPLICATION FOR SEPTIC TANK CONTRACTING COURSE PROVIDER

COURSE PROVIDER APPLICATION FEE $250.00. FORWARD COMPLETED APPLICATION TO:
DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL HEALTH, BIN #A08
4052 BALD CYPRESS WAY, TALLAHASSEE, FL 32399-1710

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:

CORPORATION	PARTNERSHIP	MEMBERSHIP	SOLE PROPRIETORSHIP
☐	☐	☐	☐

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

FOR HSES OFFICE USE ONLY	Check Number ____________	Approval Date ____________
	Check Date ____________	Expiration Date ____________
	Check Amount ____________	Provider #____________
	Denial Date ____________	Reviewed By____________

DH 4116, 07/03 Incorporated: Policy on Requirements for Continuing Education Courses and Course Providers

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 HEALTH
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