



# APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION

This application is for registration only not for examination

Please complete each question and type or print all information legibly and in black or blue ink.

(ALL SECTIONS 1 through 8 MUST BE COMPLETED IN FULL)

**DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY**

ORG.CODE/E.O./FUND: 37358010000

Application/Certification: \$100

Receipt #: \_\_\_\_\_ Payment #: \_\_\_\_\_

OSPRR 002227 - Ann/Cert Fee:

### 1. TYPE OF REGISTRATION REQUESTED

- Registered Septic Tank Contractor
- Master Septic Tank Contractor

### 2. SEPTIC TANK CONTRACTOR BUSINESS DESIGNATION

- New business authorization (*Submit form 4077*)
- Working under existing authorized business (*Submit form 4077*)
- Working under own legal name, exempt from business authorization
- Currently not planning to offer septic tank contracting services in Florida

### 3. APPLICANT PROFILE DATA

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email Address: \_\_\_\_\_

What is your primary daytime phone number?

Primary telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Secondary telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Social Security numbers must be recorded on all professional and occupational certification applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), Public Law 104-193, 1996

**IMPORTANT NOTICE: READ THIS FIRST BEFORE YOU PROCEED!** The following experience verification page(s) must be completed in its entirety to be considered as complete. Experience must meet the requirements outlined per Rule 62-6.019, F.A.C. Use multiple copies of this page if necessary.

**4(a). EXPERIENCE VERIFICATION**

Business Name: \_\_\_\_\_ Employer Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Dates of Experience: From:     /    /     Thru:     /    /      
**MM / DD / YYYY                      MM / DD / YYYY**

**Do Not Write Date As "Current Or Present"**

# hours experience gained per week: \_\_\_\_\_ x # of weeks \_\_\_\_\_ = \_\_\_\_\_ + Overtime hours: \_\_\_\_\_ = **Total hours** \_\_\_\_\_

I, the verifying official of \_\_\_\_\_, do hereby confirm that I have firsthand knowledge of  
**Applicant Name**  
the experience obtained by this applicant as it relates to onsite sewage treatment and disposal system (OSTDS) work. The experience listed here conforms to the definition and intent of OSTDS experience, and the applicant's duties are consistent with those defined in Rule 62-6.019, F.A.C.

Verifying Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Registration #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please Note: Only Registered or Master Septic Tank Contractors and state-licensed plumbers can sign for verification of experience. Examples of those who cannot sign for verification of experience are Human Resources personnel, Professional Engineers, unlicensed Utility Directors, unlicensed Supervisors, Septic Tank Contractors whose certifications are Inactive or Null & Void.

**4(b). EXTRA EXPERIENCE VERIFICATION**

Business Name: \_\_\_\_\_ Employer Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Dates of Experience: From:     /    /     Thru:     /    /      
**MM / DD / YYYY                      MM / DD / YYYY**

**Do Not Write Date As "Current Or Present"**

# hours experience gained per week: \_\_\_\_\_ x # of weeks \_\_\_\_\_ = \_\_\_\_\_ + Overtime hours: \_\_\_\_\_ = **Total hours** \_\_\_\_\_

I, the verifying official of \_\_\_\_\_, do hereby confirm that I have firsthand knowledge of  
**Applicant Name**  
the experience obtained by this applicant as it relates to onsite sewage treatment and disposal system (OSTDS) work. The experience listed here conforms to the definition and intent of OSTDS experience, and the applicant's duties are consistent with those defined in Rule 62-6.019, F.A.C.

Verifying Official's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Verifying Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifying Official's Registration #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**5(a). CURRENT OUT OF STATE LICENSURE VERIFICATION 62-6.019(3)(a)4**

License Type: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

Dates of Licensure: From:     /    /     Thru:     /    /      
**MM / DD / YYYY** **MM / DD / YYYY**

**Do Not Write Date As "Current Or Present"**

Number of days holding license: \_\_\_\_\_ ÷ 365 days x 2000 hours \_\_\_\_\_ = \_\_\_\_\_ = **Total # of hours** \_\_\_\_\_

Please Note: You must obtain and attach a letter from the issuing agency explaining that the standards to receive the out of state license met the requirements for topics of instruction, examination, and continuing education in 62-6.019(3)(a)4., F.A.C. Please confirm that your state's licensing requirements do meet those standards before using that experience to meet the requirements for this application.

Exam must cover:

- System location and installation
- Site evaluation criteria
- System size determinations
- Disposal of septage
- Construction standards for drainfield systems and
- U.S. Department of Agriculture soil textural classification system
- Continuing education

**5(b). COURSEWORK AS SUBSTITUTE FOR WORK EXPERIENCE VERIFICATION**

Course Provider	Course Name	Hours	Date Completed

**Total # of hours** \_\_\_\_\_

Please Note: Certificate for each course must be attached. Additional pages may be used to show more coursework.

**6. MORAL CHARACTER**

**Please answer each question. If you answer "YES" to any question, please attach a statement and documentation explaining your answer.**

Moral Character Question	YES	NO
Have you been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, for a crime in any jurisdiction?		
Do you have a disciplinary case or administrative penalty pending with the department involving septic tank contracting?		
Have you been convicted of a crime in any jurisdiction related to septic tank contracting during the last twelve months?		
Have you had a septic tank contracting registration revoked or suspended within the last five years?		

## 7. APPLICANT CHECK LIST

Please initial that you have completed items 1 through 6 that are necessary for your application to be complete:

1. \_\_\_\_\_ Type of registration requested and applicant profile sections completed in its entirety.
2. \_\_\_\_\_ Experience verification verified by a Florida registered septic tank contractor, master septic tank contractor or plumbing contractor.
3. \_\_\_\_\_ Moral character section completed.
4. \_\_\_\_\_ FDLE criminal background check requested.
5. \_\_\_\_\_ Passed the required septic tank contractor examination.
6. \_\_\_\_\_ Sign and date last page of the application.
7. \_\_\_\_\_ Submit appropriate application fees.

Check/money order: Payable to Dept. of Environmental Protection or FDEP.

**If any item(s) are missing or are not completed, you will receive an incomplete notice.**

You will be notified by mail of any deficiency in your application. Our office has up to **30 days** to notify you in writing of your application status. Please allow our office sufficient time to receive and process your application.

## 8. APPLICANT AFFIRMATION

I affirm that the information given above is correct and true to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any certification I may hold. Further, I understand that it is my responsibility to supplement my application to reflect any material change in circumstances, which may affect my eligibility for certification.

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Send application to:

**Department of Environmental Protection  
Post Office Box 3070  
Tallahassee, Florida 32315**