



# APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION RENEWAL

## 1. Type Of Registration

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

(ALL SECTIONS 1 through 6 MUST BE COMPLETED IN FULL)

Registered Septic Tank Contractor       Master Septic Tank Contractor

**Do not Write in this Space  
For Department Use Only**

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

Registration Renewal:      \$100

Receipt #:                      Payment #:

OSPRR 002227 - Renewal Fee:

## 2. APPLICANT PROFILE DATA

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

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

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

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

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

What is your primary daytime phone number?

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

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

## 3. NAME CHANGE INFORMATION

Have you ever changed your name through marriage or through action of a court? Have you ever been known by any other name?

NO       YES If yes, list the name(s) and date(s) of change in the space below:

Original Name	Name Change	Date of Name Change

**NOTE:** You are required to submit legal name change documentation if different from supporting documentation.

**4. CONTINUING EDUCATION INFORMATION**

Attach a copy of certificate of attendance for each course. List master contractor level courses first and check "ML" for master level courses.

COURSE TITLE	LOCATION	DATE	ML

**5. APPLICANT AFFIRMATION**

I affirm the information contained in this application, which serves as the basis for determining my eligibility for registration renewal, is true. I understand any misrepresentation or concealment of material facts in this application is grounds for an administrative fine or denial or revocation of my septic tank contractor registration.

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

**PLEASE NOTE**

**Before mailing your application**, please make sure you have completed the application in its entirety. Attach all required certificates, and supporting documentation. Attach a check or money order made payable to the Department of Environmental Protection (DEP) for the required amount.

Send application to: **Department of Environmental Protection  
Post Office Box 3070  
Tallahassee, Florida 32315**

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