



APPLICATION FOR SEPTIC TANK CONTRACTING COURSE APPROVAL

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

(ALL SECTIONS 1 through 3 MUST BE COMPLETED IN FULL)

**Do Not Write In This Space
For Department Use Only**

ORG.CODE/E.O./FUND: 37358010000
 Course Approval Total \$25/hr (max \$150)
 Receipt #: _____ Payment #: _____
 OSPCR - 002227 – Course Approval Fee

1. Provider Information:

Provider Name: _____

Provider Number: _____

2. Course Information:

Course Title: _____

Course Level: Registered Master

COURSE LOCATION	COURSE DATE

LIST COURSE INSTRUCTORS AND ATTACH QUALIFICATIONS	COURSE SECTION TITLE

Please indicate the topics you intend to instruct on and attach the course syllabus

- | | | |
|--|--|---|
| <input type="checkbox"/> OSTDS Installations | <input type="checkbox"/> OSTDS & Public Health | <input type="checkbox"/> Hydric Soil Indicators |
| <input type="checkbox"/> OSTDS Repairs | <input type="checkbox"/> Environmental Effects | <input type="checkbox"/> Mineral Aggregates |
| <input type="checkbox"/> OSTDS Design/Dosing | <input type="checkbox"/> Aerobic Treatment Units | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Alternative OSTDS | <input type="checkbox"/> Portable Restroom Contracting | <input type="checkbox"/> Business Practice |
| <input type="checkbox"/> Innovative OSTDS | <input type="checkbox"/> Septage Treatment & Disposal | <input type="checkbox"/> Office Management |
| <input type="checkbox"/> OSTDS Maintenance | <input type="checkbox"/> Basic Soils | <input type="checkbox"/> Other: _____ |

Total Classroom Contact Hours _____ At \$25.00 Per Hour = \$ _____

3. 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 license 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 examination or certification.

Signature of Applicant: _____

Date Signed: _____

Send application to:

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

You will be notified of any deficiency 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.
