



# 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: \_\_\_\_\_

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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.

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