



APPLICATION FOR SEPTIC TANK CONTRACTING COURSE PROVIDER

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
Department Use Only
ORG.CODE/E.O./FUND: 37358010000
Course Provider Total \$250
Receipt #: Payment #:
OCPCP 002227 - Application Fee

1. Provider Information

Provider Name: _____

Provider Number: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ ZIP Code: _____

Primary telephone: () _____ - _____

2. Course Information:

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

3. APPLICANT AFFIRMATION:

I affirm that all information contained in this application is true and correct.

Printed Name of Registered Agent: _____

Signature of Registered Agent: _____

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.