



# 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.