



STATE OF FLORIDA

DEPARTMENT OF HEALTH

APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION RENEWAL

**FORWARD COMPLETED APPLICATION AND \$100.00 FEE TO:
DOH, BUREAU OF WATER & ONSITE SEWAGE PROGRAMS,
2020 CAPITAL CIR. S.E., BIN A08, TALLAHASSEE, FL 32399-1713**

**MAKE CORRECTIONS IN THE SPACES BELOW.
NOTIFY THE ONSITE SEWAGE PROGRAM
OFFICE WITHIN 30 DAYS OF ANY CHANGES.**

APPLICATION FOR [] REGISTERED [] MASTER SEPTIC TANK CONTRACTOR RENEWAL

NAME		
MAILING ADDRESS		
BUSINESS NAME		
COUNTY		
TELEPHONE		

CONTINUING EDUCATION: ATTACH A COPY OF CERTIFICATE OF ATTENDANCE. LIST MASTER CONTRACTOR LEVEL COURSES FIRST AND CHECK "ML" FOR MASTER LEVEL COURSES.

COURSE TITLE	LOCATION	DATE	ML

PLEASE ANSWER EACH QUESTION. IF YOU ANSWER "YES" TO ANY QUESTION PLEASE ATTACH A STATEMENT AND DOCUMENTATION EXPLAINING YOUR ANSWER.	YES	NO
DO YOU HAVE AN OUTSTANDING ADMINISTRATIVE FINE WITH THE DEPARTMENT?		
DO YOU HAVE A DISCIPLINARY CASE PENDING WITH THE DEPARTMENT INVOLVING SEPTIC TANK CONTRACTING?		
HAVE YOU BEEN CONVICTED OF A CRIME IN ANY JURISDICTION RELATING TO SEPTIC TANK CONTRACTING DURING THE LAST TWELVE MONTHS?		

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.

APPLICANT'S SIGNATURE _____ DATE _____

FOR HSES OFFICE USE ONLY	Application Check No. _____	Registration Number: _____
	Date of Application Check: _____	_____
	Check Amount: _____	Date Issued: _____
	Date of Approval: _____ or Date of Denial: _____	_____