



ONSITE WASTEWATER TREATMENT SYSTEMS PROFESSIONALS REGISTRATION APPLICATION

DEH	LORP
Received Date:	

Name of Applicant:	Applicant Email:	
Company Name:	Applicant Phone:	
Business Address:	City:	Zip Code:

Instructions: Provide Qualifications/Scope of Work: Check one or more of the professional types below that applies to you and enter the requested information. Professionals shall work within the scope of their specific license or registration.
Complete and Attach: The Experience/Comments form (page 2) and any documentation of training and experience. Please include copies of Manufacturer's training/certifications and/or examples of past work or approvals from other counties.

Qualified Professional – Site Evaluation

Registration Type:	Professional Civil Engineer Registered Environmental Health Specialist	Professional Geologist Other (Specify in Comments)	License Number:	Expiration Date:
Check all that apply: Soil Profile Percolation Testing Slope Stability Screening Groundwater Monitoring				

Qualified Professional – OWTS Design

Registration Type:	Professional Civil Engineer Professional Geologist	Reg. Environmental Health Specialist	License Number:	Expiration Date:
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Licensed Contractor – OWTS Installation

License Type:	A – General Engineering Contractor	B – General Building Contractor	License Number:	Expiration Date:
	C42 – Sanitation System Contractor	C36 – Plumbing Contractor	License Number:	Expiration Date:

Qualified Service Provider – OWTS/Supplemental Treatment Unit Maintenance and Servicing

License Type:	Manufacturer's Training/Certification (see below)		License Number:	Expiration Date:
	A – General Engineering Contractor C42 – Sanitation System Contractor	B – General Building Contractor C36 – Plumbing Contractor	License Number:	Expiration Date:

System Types and Manufacturer's Certification

Check all that apply: OWTS-Standard OWTS-Supplemental Treatment Pump System Other (Specify in Comments)				
Leach Lines Deep Beds Shallow Beds Vertical Seepage Pits Drip Dispersal "As Built" Evaluation/Diagram				
Manuf. Certification 1:				Expiration Date:
Manuf. Certification 2:				Expiration Date:
Manuf. Certification 3:				Expiration Date:

Applicant Certification

CERTIFICATION STATEMENT: I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I understand that the registration I am seeking will not be transferable to another person, and that this registration will become invalid if required fees, including annual renewal fees, are not paid when due. I understand that I am responsible for reporting any changes relevant to this application, including but not limited to, change in contact information, and notification if a license held is no longer valid. I understand this registration may be revoked for cause. I understand any information I provide on this application is considered a public record subject to disclosure under the California Public Records Act.

<i>Applicant Signature</i>		<i>Date</i>
OFFICE USE ONLY		
<i>EHS Approval Signature</i>		<i>Date</i>
Payment Date:	Reference License ID #:	List Updated Date:

