



STATE OF FLORIDA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR MASTER SEPTIC TANK CONTRACTOR
REGISTRATION

FORWARD COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTATION AND \$75.00 FEE TO:
DEPARTMENT OF ENVIRONMENTAL PROTECTION, DIVISION OF WATER RESOURCE MANAGEMENT,
2600 BLAIR STONE ROAD, MS 3596, TALLAHASSEE, FL 32399-2400

COMPLETED APPLICATION MUST BE RECEIVED 21 DAYS PRIOR TO EXAMINATION DATE.

SECTION I: PERSONAL INFORMATION

NAME OF APPLICANT: LAST FIRST MI
DATE OF BIRTH: MM / DD / YY EMAIL ADDRESS
BUSINESS NAME TELEPHONE ()
MAILING ADDRESS STREET / PO BOX CITY ST ZIP CODE
REGISTRATION SR AUTHORIZATION SA

SECTION II: TRAINING CERTIFICATION [ATTACH COPIES OF TRAINING CERTIFICATES]

Table with 3 columns: COURSE TITLE, LOCATION, DATE

SECTION III: MORAL CHARACTER

Table with 3 columns: QUESTION, YES, NO. Questions include: HAS THE DEPARTMENT IMPOSED PROBATION OR SUSPENSION ON YOUR SEPTIC TANK CONTRACTOR REGISTRATION DURING THE LAST THREE YEARS?

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION, WHICH SERVES AS THE BASIS FOR DETERMINING MY ELIGIBILITY FOR MASTER SEPTIC TANK CONTRACTOR REGISTRATION, IS TRUE. I UNDERSTAND ANY MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN THIS APPLICATION IS GROUNDS FOR ADMINISTRATIVE FINES, DENIAL OR REVOCATION OF MY REGISTRATION.

APPLICANT'S SIGNATURE DATE

CONTINUED ON REVERSE

SECTION IV: COUNTY HEALTH DEPARTMENT REVIEW:

PLEASE ANSWER EACH QUESTION. IF YOU ANSWER "YES" TO ANY QUESTION PLEASE ATTACH A STATEMENT AND DOCUMENTATION EXPLAINING YOUR ANSWER.	YES	NO
HAS THE DEPARTMENT IMPOSED PROBATION OR SUSPENSION ON THIS APPLICANT'S SEPTIC TANK CONTRACTOR REGISTRATION DURING THE LAST THREE YEARS?		
HAS THIS APPLICANT BEEN ASSESSED MORE THAN \$500.00 IN ADMINISTRATIVE PENALTIES BY THE DEPARTMENT IN THE LAST THREE YEARS?		
DO YOU HAVE AN OUTSTANDING FINE ASSESSED AGAINST THIS CONTRACTOR WHICH IS IN FINAL ORDER STATUS AND JUDICIAL REVIEWS ARE EXHAUSTED?		
HAS THIS CONTRACTOR SUCCESSFULLY RESOLVED ANY DISCIPLINARY ACTION INVOLVING SEPTIC TANK CONTRACTING WHERE ADMINISTRATIVE ACTION WAS FILED?		
HAS THIS APPLICANT HAD A MASTER SEPTIC TANK CONTRACTOR REGISTRATION REVOKED BY THE DEPARTMENT IN THE LAST THREE YEARS?		

REVIEWED BY _____ TITLE _____

COUNTY _____ DATE _____

DEPARTMENT REVIEW:

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