



# Request for Re-Examination for Accelerated Certification Training Exams

I, \_\_\_\_\_, hereby request a re-examination for the Accelerated Certification Training (ACT) Exams.

ACT Exam \_\_\_ I \_\_\_ II \_\_\_ III

\_\_\_ I am Department personnel.

\_\_\_ I am an Engineer or Engineering Staff.

\_\_\_ I am applying to be a Private Certified Environmental Health Professional (CEHP).

\_\_\_ I am applying to be a Master Septic Tank Contractor.

If I am an Engineer or Engineering Staff (under the direct supervision of an engineer performing onsite sewage work), Private CEHP, or Registered Septic Tank Contractor/Licensed Plumber, I have enclosed a check or money order in the amount of \$75.00 for the examination fee. Note: Please make the check or money order payable to the Department of Environmental Protection.

Florida Department of Environmental Protection  
Division of Water Resource Management  
Onsite Sewage Program  
2600 Blair Stone Road, MS 3596  
Tallahassee, FL 32399

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Official Use Only

Approved: \_\_\_ Yes \_\_\_ No

Approval Valid Until: \_\_\_\_\_

ACT Exams Approved for:

Reviewed By: \_\_\_\_\_

\_\_\_ I \_\_\_ II \_\_\_ III

Date Reviewed: \_\_\_\_\_