

APPLICATION FOR REGISTERED SEPTIC TANK CONTRACTOR EXAMINATION (RETAKE)

<u>Please complete each question and type or print all information legibly and in black or blue ink.</u>

(ALL SECTIONS 1 through 3 MUST BE COMPLETED IN FULL)

DO NOT WRITE IN THIS SPACE FOR DEPARTMENT USE ONLY

ORG.CODE/E.O./FUND: **37358010000**

Septic Tank Contractor Total \$75 Receipt #: Payment #: 002225 - Exam Fee

1. APPLICANT PROFILE DAT	A :		
lame:			
Last	First	Middle	
Mailing Address:			
Number	Street	Apt.	
City	State	Zip	
*Social Security Number:			
Date of Birth:/	<u></u>		
Email Address:			
Between the hours of 8:00am and 5:	00pm what is your primary	daytime phone number?	
Primary telephone: ()		
Secondary telephone: ()		
	the Personal Responsi		se applications and will be used for econciliation Act of 1996 (Welfare
2. NAME CHANGE INFORMA	TION:		
Have you ever changed your n any other name?	ame through marriage	or through action of a cour	t? Have you ever been known by
NO			
YES If yes, list the name(s) and	d date(s) of change: Name	e:	Date:
NOTE: You are required to submit leads to submit leads to supporting documentation.	egal name change docume	entation if different from high scho	ool diploma, training certificates and/or

DEP Form 4075 Page 1of 2 Effective 7/2024

falsification of statements or sup may hold. Further, I understand	above is correct and true to the best of my knowledge and belief. I understand that porting data may result in denial of this application or suspension/revocation of any license I that it is my responsibility to supplement my application to reflect any material change in my eligibility for examination or certification.
Signature of Applicant:	Date Signed:
Send application to:	Department of Environmental Protection Post Office Box 3070 Tallahassee, Florida 32315
	ency in your application. Our office has up to 30 business days to notify you in writing of allow our office sufficient time to receive and process your application before calling.

Effective 7/2024

Page 2 of 2

3. APPLICANT AFFIRMATION:

DEP Form 4075