



# Washtenaw County Environmental Health Division

Department of Public Health

## APPLICATION FOR CERTIFICATION

Application is hereby made for certification to install or repair on-site wastewater treatment systems in Washtenaw County as required by Section 3:10 of the Washtenaw County [Regulation for the Management, Treatment and Disposal of Wastewater](#). All applicants must pass a written examination conducted by the Washtenaw County Environmental Health Division in order to become certified.

Please return the signed form and proper fee to the Washtenaw County Environmental Health Division. Submission of this form does not guarantee a certificate will be issued.

Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE:** Please see other side of Application and complete section on Contractor Experience 

Please check the appropriate items below:

\_\_\_\_\_ \$50 Training Fee

This training fee will cover Lunch and the course, which will cover all questions on the exam. This training course is highly recommended, but not required for contractors with minimum 5 yrs. Experience.

\_\_\_\_\_ \$50 Examination Fee

Required fee for all applicants covers costs for administering exam and issuing certificates.

\_\_\_\_\_ \$100 Registration Fee

This fee registers a contractor for a 2 yr period - ending April 1<sup>st</sup>. It is recommended that this fee be paid prior taking the exam.

\_\_\_\_\_ Total Fee Amount

Over →

**Contractor Experience:**

\_\_\_\_ # years installing sewage systems: \_\_\_\_ Full Time      \_\_\_\_ Part Time

\_\_\_\_ # of sewage systems installed in Washtenaw County within last 5 yrs.

Do you supervise the work of employees installing/repairing sewage systems?      Y/N

Do you own or have access to excavating or other equipment related to sewage system installation?

- Y/N Backhoe
- Y/N Bulldozer
- Y/N Loader
- Y/N Excavator
- Y/N Dump Truck
- Y/N Trailer
- Y/N Elevation Equipment
- Y/N Other \_\_\_\_\_

Other relevant experience or comments you wish to include: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information on this application is accurate and understand that submittal of any false or misleading information can result in the denial or revocation of my certification. I understand that as a certified contractor, I am responsible for the work that I perform and the work that is done under my supervision and certification.

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

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

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*DO NOT WRITE BELOW THIS LINE - FOR DEPARTMENT USE ONLY*

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Payment Received: \$ \_\_\_\_\_

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

Received By: \_\_\_\_\_