



Department of Environment and Infrastructure Services
 Environmental Health Division
 Application for OWSDS Inspector Certification

Certification Requested: (check all that apply)		<input type="checkbox"/> Onsite water supply inspection certification	
		<input type="checkbox"/> Onsite sewage system inspection certification	
Applicant Name: Last		First	Middle Initial
Legal Business Name:			
Applicant Street Address:		City:	State: Zip Code:
Phone: () ()	Fax: () ()	Email:	
Business Street Address:		City:	State: Zip Code:
Certifications/Registrations/Licenses			
(Check all that apply)		(Fill in all appropriate)	
<input type="checkbox"/> Registered Well-driller		Registration Number _____	
<input type="checkbox"/> Registered Sanitarian		Registration Number _____	
<input type="checkbox"/> Professional Engineer		Registration Number _____	
<input type="checkbox"/> Licensed Contractor		License Number _____	
Education			
High School Graduate:		Yes	No
		Name of High School:	
If No, highest grade completed: _____		City/ State: _____	
If Yes, Year graduated: _____		_____	
GED: Yes No		Year: _____	
College		Highest Degree Attained:	
School Name: _____		<input type="checkbox"/> Associates	
Year Graduated: _____		<input type="checkbox"/> Bachelors	
Major/Minor: _____		<input type="checkbox"/> Masters	
		<input type="checkbox"/> Ph.D.	

Professional Organizations/Affiliations

1. _____

3. _____

2. _____

4. _____

Relevant Employment History

Employer Name: _____

From: _____

To: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Describe nature of work:

Employer Name: _____

From: _____

To: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Describe nature of work:

References

Name:	Title:	Phone:
Name:	Title:	Phone:
Name:	Title:	Phone:

I affirm that all information contained in this application is true and I understand that any misrepresentation can lead to removal of certification by the Washtenaw County Environmental Health Division.

Signature Date

For Administrative Use Only

Screening Score:

<u>Criteria</u>	<u>Well Points</u>	<u>Septic points</u>
Credentials		
Experience		
Screening test	_____	_____
Total		

Is technical training required for well certification? Yes No
 Date completed: _____

Is technical training required for septic certification? Yes No
 Date completed: _____

Completion dates for core training:
 Well: _____ Septic: _____