

STATE OF FLORIDA

SECTION I: PERSONAL INFORMATION

DEPARTMENT OF HEALTH APPLICATION FOR SEPTIC TANK CONTRACTOR

APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION

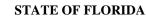
FORWARD COMPLETED APPLICATION WITH REQUIRED STATEMENTS, EMPLOYMENT DOCUMENTATION AND \$75.00 FEE TO: DEPARTMENT OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH, 4052 BALD CYPRESS WAY, BIN #A08, TALLAHASSEE, FL 32399-1710

NA	ME OF APPLICANT	·								
DA'	ME OF APPLICANT TE OF RIPTH	LAS	Γ	FMAII AD	DDFSS	FIRS	T		MI	
BU	TE OF BIRTHMM SINESS NAME		YY	EMAIL AD			TELE	PHONE (_)	
MA	AILING ADDRESS	STREET/I	РО ВОХ		CIT	Y		COUNTY	STATE	ZII
	EASE CHECK EACH									
	NEW SYSTEM IN	STALLATI	ONS	SYSTEM	MAINTEN	ANCE		HOLDING T	ANK	
	SYSTEM REPAIR				E DISPOSA		ICE		ON / FILL HAUL	ING
	SYSTEM DESIGN			-	LE TOILE			TANK ABAN		11110
	SITE EVALUATION				C UNIT SE		CE		YSTEM INSPEC	CTIONS
CON FILI IND PLU	MPLETE ATTACHMENT ING. ATTACH (1) TWO S USTRY STATING WHAT IMBING CONTRACTOR (CIAL SECURITY, AND WO BUSINESS NAME SUPERVISOR'S NA RUSINESS ADDRE	1 DOCUMENT SIGNED STATI SERVICES WI OF EMPLOYM ORKER'S COM	ING THE EMENTS I ERE PROV ENT DAT IPENSATI	FROM PERSON VIDED. (2) CER ES AND WORK ION PAYMENT. E NUMBER	S FOR WHOM FIFICATION I RESPONSIBI	I YOU HA FROM A R LITIES.(3)	VE PROVII EGISTERE DOCUMEI	DED SERVICES IN ID SEPTIC TANK NTATION OF FEL	I THE ONSITE SEW CONTRACTOR OR DERAL WITHHOLD	VAGE DING,
	BUSINESS ADDRE DATES OF EMPLO WORK RESPONSI	SS DYMENT BILITIES	/	/ Te	0/_	/	TELE	EPHONE		
2.	BUSINESS NAME SUPERVISOR'S NA BUSINESS ADDRE DATES OF EMPLO WORK RESPONSI	AME AND L SS DYMENT	ICENSE	E NUMBER _ / To	O/	/	TELE	EPHONE		
3.	BUSINESS NAME SUPERVISOR'S NABUSINESS ADDREDATES OF EMPLOWORK RESPONSI	AME AND L SS DYMENT	ICENSE	E NUMBER _ / To	O/ _	/	TELF	CPHONE		
	DATES OF EMPLO WORK RESPONSI	DYMENT BILITIES	/	/ To	O/	/	TELE	CPHONE		

CONTINUED ON REVERSE

SECTION III: MORAL CHARACTER

	JESTION. IF YOU ANSWER "YES" TO ANY QUEST ENTATION EXPLAINING YOUR ANSWER.	TION, PLEASE ATTACH A	YES	NO
HAVE YOU BEEN CONVI	ICTED OR FOUND GUILTY OF, OR ENTERED			
,	ARDLESS OF ADJUDICATION, FOR A CRIME I LINARY CASE OR ADMINISTRATIVE PENAL			1
	NG SEPTIC TANK CONTRACTING? ICTED OF A CRIME IN ANY JURISDICTION R	ELATING TO SEDTIC TANK		
CONTRACTING DURING	THE LAST TWELVE MONTHS?			
HAVE YOU HAD A SEPTI FIVE YEARS?	IC TANK CONTRACTING REGISTRATION RE	VOKED WITHIN THE LAST		
DETERMINING MY ELIGI ANY MISREPRESENTATION	TION CONTAINED IN THIS APPLICATION, WIBILITY FOR SEPTIC TANK CONTRACTOR RION OR CONCEALMENT OF MATERIAL FACT NE OR DENIAL OR REVOCATION OF MY SEP	EGISTRATION, IS TRUE. I UN S IN THIS APPLICATION IS G	DERSTA ROUND	S FOR
APPLICANT'S SIGNATUR	Е	DATE		
SECTION IV: REGULATO	RY REVIEW			
IF THE COUNTY HEALTH DEPA	WED BY THE COUNTY HEALTH DEPARTMENT FOR THE RTMENT HAS NOT REGULATED YOUR WORK, ATTACH RK, IN ADDITION TO THE COUNTY HEALTH DEPARTMI	A LETTER FROM THE GOVERNMEN	S IS LOCA T AGENC	TED. Y
1. HAVE YOU REGULATE	TED WORK PERFORMED BY THE APPLICAN	r? yes[] NO[]		
2. HAS THE WORK BEE	N PERFORMED IN COMPLIANCE WITH STATE	TE LAWS AND RULES? YES [] NO)[] ——
3. HAS THE APPLICANT		TO SEDTIC TANK CONTDAC	FINC O	
	T BEEN CONVICTED OF A CRIME RELATING TACTION BEEN TAKEN AGAINST THE APPLI		iing, O	
				R HAS
				R HAS
		TLE		
REVIEWED BY:	TELEPHONE			
REVIEWED BY:		DATE		
REVIEWED BY: OFFICE FOR	TELEPHONE	DATE Registration Check No)	
REVIEWED BY: OFFICE FOR HSES	Application Check No	DATE Registration Check No Date of Registration C	o	
REVIEWED BY: OFFICE FOR HSES OFFICE	Application Check No Date of Application Check: Check Amount:	DATE Registration Check No Date of Registration C Check Amount) Theck	
REVIEWED BY: OFFICE FOR HSES	Application Check No Date of Application Check:	DATE Registration Check No Date of Registration C Check Amount Registration Number _) Theck	





DEPARTMENT OF HEALTH

APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION ATTACHEMENT 1: SEPTIC TANK CONTRACTS

LIST THE 25 MOST RECENT CONTRACTS COMPLETED IMMEDIATELY PRECEDING THE DATE OF FILING.

	JOB DESCRIPTION NEW, REPAIR, PUMPOUT	LOCATION LOT / ADDRESS CITY, ST, ZIP	CUSTOMER OWNER	PERMIT NUMBER	DATE COMPLETED	SEPTIC TANK CONTRACTOR
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

CONTINUED ON REVERSE

	JOB DESCRIPTION NEW, REPAIR, PUMPOUT	LOCATION LOT / ADDRESS CITY, ST, ZIP	CUSTOMER OWNER	PERMIT NUMBER	DATE COMPLETED	CONTRACTOR
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						