

SECTION III: MORAL CHARACTER

PLEASE ANSWER EACH QUESTION. IF YOU ANSWER "YES" TO ANY QUESTION, PLEASE ATTACH A STATEMENT AND DOCUMENTATION EXPLAINING YOUR ANSWER.	YES	NO
HAVE YOU BEEN CONVICTED OR FOUND GUILTY OF, OR ENTERED A PLEA OF NOLO CONTENDERE TO, REGARDLESS OF ADJUDICATION, FOR A CRIME IN ANY JURISDICTION?		
DO YOU HAVE A DISCIPLINARY CASE OR ADMINISTRATIVE PENALTY PENDING WITH THE DEPARTMENT INVOLVING SEPTIC TANK CONTRACTING?		
HAVE YOU BEEN CONVICTED OF A CRIME IN ANY JURISDICTION RELATING TO SEPTIC TANK CONTRACTING DURING THE LAST TWELVE MONTHS?		
HAVE YOU HAD A SEPTIC TANK CONTRACTING REGISTRATION REVOKED WITHIN THE LAST FIVE YEARS?		

I AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION, WHICH SERVES AS THE BASIS FOR DETERMINING MY ELIGIBILITY FOR SEPTIC TANK CONTRACTOR REGISTRATION, IS TRUE. I UNDERSTAND ANY MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN THIS APPLICATION IS GROUNDS FOR AN ADMINISTRATIVE FINE OR DENIAL OR REVOCATION OF MY SEPTIC TANK CONTRACTOR REGISTRATION.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION IV: REGULATORY REVIEW

APPLICATION MUST BE REVIEWED BY THE COUNTY HEALTH DEPARTMENT FOR THE COUNTY IN WHICH YOUR BUSINESS IS LOCATED. IF THE COUNTY HEALTH DEPARTMENT HAS NOT REGULATED YOUR WORK, ATTACH A LETTER FROM THE GOVERNMENT AGENCY WHICH REGULATED YOUR WORK, IN ADDITION TO THE COUNTY HEALTH DEPARTMENT REVIEW.

1. HAVE YOU REGULATED WORK PERFORMED BY THE APPLICANT? YES [] NO []

2. HAS THE WORK BEEN PERFORMED IN COMPLIANCE WITH STATE LAWS AND RULES? YES [] NO []

3. HAS THE APPLICANT BEEN CONVICTED OF A CRIME RELATING TO SEPTIC TANK CONTRACTING, OR HAS ANY ENFORCEMENT ACTION BEEN TAKEN AGAINST THE APPLICANT? YES [] NO []

REVIEWED BY: _____ TITLE _____

OFFICE _____ TELEPHONE _____ DATE _____

FOR HSES OFFICE USE ONLY	Application Check No. _____ Date of Application Check: _____ Check Amount: _____ Date of Approval/Denial: _____ Approved By _____ Examination Date _____	Registration Check No. _____ Date of Registration Check _____ Check Amount _____ Registration Number _____ Date Issued _____
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STATE OF FLORIDA

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.						