**APPLICATION FOR SEPTIC TANK CONTRACTOR REGISTRATION RENEWAL**

Forward completed application, passport style photo (required every 5 years starting with the 2004 renewal cycle), and $100.00 fee to: Florida Dept of Health, Bureau of Environmental Health, 4052 Bald Cypress Way, Bin# A08, Tallahassee, FL 32399-1710

Make corrections in the spaces below. Notify the Bureau of Environmental Health within 30 days of any changes.

New photographs are required for 2014 renewal.

**APPLICATION FOR [ ] REGISTERED  [ ] MASTER SEPTIC TANK CONTRACTOR RENEWAL**

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<tr>
<th>NAME</th>
<th>MAILING ADDRESS</th>
<th>BUSINESS NAME</th>
<th>COUNTY</th>
<th>TELEPHONE</th>
<th>FAX</th>
<th>EMAIL</th>
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Continuing education: Attach a copy of certificate of attendance. List master contractor level courses first and check “ML” for master level courses.

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<tr>
<th>COURSE TITLE</th>
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I affirm the information contained in this application, which serves as the basis for determining my eligibility for registration renewal, 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 __________________________

**FOR DCEH OFFICE USE ONLY**

Application Check No. ______________________

Date of Application Check: ______________________

Check Amount: ______________________

Date of Approval: ______________________

or Date of Denial: ______________________

Registration Number: ______________________

Date Issued: ______________________

Date of Approval: ______________________

or Date of Denial: ______________________

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