



STATE OF FLORIDA

# DEPARTMENT OF HEALTH

## 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

NAME		
MAILING ADDRESS		
BUSINESS NAME		
COUNTY		
TELEPHONE		
FAX		
EMAIL		

CONTINUING EDUCATION: ATTACH A COPY OF CERTIFICATE OF ATTENDANCE. LIST MASTER CONTRACTOR LEVEL COURSES FIRST AND CHECK "ML" FOR MASTER LEVEL COURSES.

COURSE TITLE	LOCATION	DATE	ML

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 \_\_\_\_\_

<b>FOR DCEH OFFICE USE ONLY</b>	Application Check No. _____	Registration Number: _____
	Date of Application Check: _____	_____
	Check Amount: _____	Date Issued: _____
	Date of Approval: _____	_____
	or Date of Denial: _____	