



STATE OF FLORIDA

DEPARTMENT OF HEALTH

APPLICATION FOR

MASTER SEPTIC TANK CONTRACTOR REGISTRATION

FORWARD COMPLETED APPLICATION WITH ALL REQUIRED DOCUMENTATION AND \$75.00 FEE TO:
DEPARTMENT OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH,
4052 BALD CYPRESS WAY, BIN# A08, TALLAHASSEE, FL 32399-1710.
COMPLETED APPLICATION MUST BE RECEIVED 21 DAYS PRIOR TO EXAMINATION DATE.

SECTION I: PERSONAL INFORMATION

NAME OF APPLICANT: _____
LAST FIRST MI

DATE OF BIRTH: _____ EMAIL ADDRESS: _____
MM / DD / YY

BUSINESS NAME _____ TELEPHONE (_____) _____

MAILING ADDRESS _____
STREET / PO BOX CITY ST ZIP CODE

REGISTRATION SR _____ AUTHORIZATION SA _____

SECTION II: TRAINING CERTIFICATION [ATTACH COPIES OF TRAINING CERTIFICATES]

COURSE TITLE	LOCATION	DATE

SECTION III: MORAL CHARACTER

PLEASE ANSWER EACH QUESTION. IF YOU ANSWER YES TO ANY QUESTION PLEASE ATTACH A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER.	YES	NO
HAS THE DEPARTMENT IMPOSED PROBATION OR SUSPENSION ON YOUR SEPTIC TANK CONTRACTOR REGISTRATION DURING THE LAST THREE YEARS?		
HAVE YOU BEEN ASSESSED MORE THAN \$500.00 IN ADMINISTRATIVE PENALTIES BY THE DEPARTMENT IN THE LAST THREE YEARS?		
DO YOU HAVE AN OUTSTANDING FINE ASSESSED PURSUANT TO CHAPTER 64E-6, FAC, WHICH IS IN FINAL ORDER STATUS AND JUDICIAL REVIEWS ARE EXHAUSTED?		
HAVE YOU SUCCESSFULLY RESOLVED ANY DISCIPLINARY ACTION INVOLVING SEPTIC TANK CONTRACTING WHERE AN ADMINISTRATIVE ACTION HAS BEEN FILED?		
HAVE YOU HAD A MASTER SEPTIC TANK CONTRACTOR REGISTRATION REVOKED BY THE DEPARTMENT IN THE LAST THREE YEARS?		

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

APPLICANT'S SIGNATURE _____ DATE _____

CONTINUED ON REVERSE

SECTION IV: COUNTY HEALTH DEPARTMENT REVIEW:

PLEASE ANSWER EACH QUESTION. IF YOU ANSWER "YES" TO ANY QUESTION PLEASE ATTACH A STATEMENT AND DOCUMENTATION EXPLAINING YOUR ANSWER.	YES	NO
HAS THE DEPARTMENT IMPOSED PROBATION OR SUSPENSION ON THIS APPLICANT'S SEPTIC TANK CONTRACTOR REGISTRATION DURING THE LAST THREE YEARS?		
HAS THIS APPLICANT BEEN ASSESSED MORE THAN \$500.00 IN ADMINISTRATIVE PENALTIES BY THE DEPARTMENT IN THE LAST THREE YEARS?		
DO YOU HAVE AN OUTSTANDING FINE ASSESSED AGAINST THIS CONTRACTOR WHICH IS IN FINAL ORDER STATUS AND JUDICIAL REVIEWS ARE EXHAUSTED?		
HAS THIS CONTRACTOR SUCCESSFULLY RESOLVED ANY DISCIPLINARY ACTION INVOLVING SEPTIC TANK CONTRACTING WHERE ADMINISTRATIVE ACTION WAS FILED?		
HAS THIS APPLICANT HAD A MASTER SEPTIC TANK CONTRACTOR REGISTRATION REVOKED BY THE DEPARTMENT IN THE LAST THREE YEARS?		

REVIEWED BY _____ TITLE _____

COUNTY _____ DATE _____

STATE HEALTH OFFICE REVIEW:

<p>FOR HSES OFFICE USE ONLY</p>		<p>Application Check No. _____</p> <p>Date of Application Check: _____</p> <p>Check Amount: _____</p> <p>Date of Approval/Denial: _____</p> <p>Approved By _____</p> <p>Examination Date _____</p>	<p>Registration Check No. _____</p> <p>Date of Registration Check _____</p> <p>Check Amount _____</p> <p>Registration Number _____</p> <p>Date Issued _____</p>
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