STATE OF FLORIDA
DEPARTMENT OF HEALTH
APPLICATION FOR SEPTIC TANK CONTRACTING COURSE PROVIDER

COURSE PROVIDER APPLICATION FEE $250.00. FORWARD COMPLETED APPLICATION TO:
DEPARTMENT OF HEALTH
BUREAU OF ENVIRONMENTAL HEALTH, BIN #A08
4052 BALD CYPRUS WAY, TALLAHASSEE, FL 32399-1710

SECTION I
PROVIDER NAME
MAILING ADDRESS
TELEPHONE NUMBER
FACSIMILE NUMBER

SECTION II
PLEASE INDICATE THE STRUCTURE OF YOUR BUSINESS BY CHECKING ONE OF THE FOLLOWING:

CORPORATION
PARTNERSHIP
MEMBERSHIP
SOLE PROPRIETORSHIP

REGISTERED AGENT & OFFICERS • PARTNERS
MEMBERSHIP DIRECTORS • OWNER NAME

ADDRESS
POSITION

SECTION III
I AFFIRM THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

Print or Type Name of Authorized Representative  Signature of Authorized Representative  Date

FOR
HSES
OFFICE
USE
ONLY
Check Number ____________________  Approval Date ______________
Check Date ____________________  Expiration Date ______________
Check Amount ____________________  Provider # ______________
Denial Date ____________________  Reviewed By ______________

DH 4116, 07/03  Incorporated: Policy on Requirements for Continuing Education Courses and Course Providers
INSTRUCTIONS:

SECTION I

Provider name: Name of the organization or sponsor seeking approval to provide septic tank contracting continuing education courses.

Mailing address: Mailing address of the organization or sponsor seeking course provider approval.

Telephone #: Telephone number of the organization or sponsor seeking course provider approval.

Facsimile #: Facsimile number of the organization or sponsor seeking course provider approval.

SECTION II

Mark the box under the business type that describes the business structure of the organization or sponsor seeking course provider approval.

List the name, address and position of the registered agent and officers, all partners, membership directors, or owners of the organization or sponsor seeking course provider approval.

SECTION III

The authorized representative of the organization or sponsor seeking course provider approval acknowledges understanding of the affirmation statement by printing, signing and dating the application.

Mail completed application to:

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