



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 CYPRESS 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<br><input type="checkbox"/> | PARTNERSHIP<br><input type="checkbox"/> | MEMBERSHIP<br><input type="checkbox"/> | SOLE PROPRIETORSHIP<br><input type="checkbox"/> |
|---|---|--|---|

| REGISTERED AGENT & OFFICERS ● PARTNERS<br>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

|   |                    |                       |
|---|--------------------|-----------------------|
| <b>FOR<br/>HSES<br/>OFFICE<br/>USE<br/>ONLY</b> | Check Number _____ | Approval Date _____   |
|   | Check Date _____   | Expiration Date _____ |
|   | Check Amount _____ | Provider # _____      |
|   | Denial Date _____  | Reviewed By _____     |
|   |                    |                       |

**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 :**

**DEPARTMENT OF HEALTH  
BUREAU OF ENVIRONMENTAL HEALTH, BIN #A08  
4052 BALD CYPRESS WAY, TALLAHASSEE, FL 32399-1710**