STATE OF FLORIDA

DEPARTMENT OF HEALTH

APPLICATION FOR CERTIFICATE OF AUTHORIZATION

FORWARD COMPLETED APPLICATION AND $250 FEE TO: **DOH, BUREAU OF ENVIRONMENTAL HEALTH** **4052 BALD CYPRESS WAY, BIN# A08 TALLAHASSEE, FL 32399-1710**	**MAKE CORRECTIONS IN THE SPACES BELOW.** **NOTIFY THE ONSITE SEWAGE PROGRAM** **OFFICE WITHIN 30 DAYS OF ANY CHANGES.**

BUSINESS NAME		
MAILING ADDRESS		
BUSINESS ADDRESS		
COUNTY		
TELEPHONE		
E-MAIL ADDRESS		

PLEASE CHECK EACH TYPE OF SEPTIC TANK CONTRACTING SERVICE YOU PROVIDE.

NEW SYSTEM INSTALLATIONS	SYSTEM MAINTENANCE	HOLDING TANK
SYSTEM REPAIRS	SEPTAGE DISPOSAL SERVICE	EXCAVATION / FILL HAULING
SYSTEM DESIGN	PORTABLE TOILET SERVICE	TANK ABANDONMENT
SITE EVALUATIONS	AEROBIC UNIT SERVICE	EXISTING SYSTEM INSPECTIONS

PLEASE LIST ALL PERSONNEL WHO ACT ON THE BUSINESS'S BEHALF AS SEPTIC TANK CONTRACTORS AND INDICATE THEIR POSITION [PARTNER, ASSOCIATE, PRINCIPAL OFFICER, OWNER, EMPLOYEE] AS REGISTERED WITH THE DEPARTMENT OF STATE. ALL PERSONNEL ACTING AS SEPTIC TANK CONTRACTORS MUST BE REGISTERED WITH THE DEPARTMENT OF HEALTH.
PLEASE LIST THE QUALIFYING CONTRACTOR FIRST.

CONTRACTOR'S NAME	REGISTRATION NUMBER	POSITION

I AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION, WHICH SERVES AS THE BASIS FOR DETERMINING ELIGIBILITY FOR A SEPTIC TANK CONTRACTING CERTIFICATE OF AUTHORIZATION, 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 CERTIFICATE OF AUTHORIZATION.

QUALIFYING CONTRACTOR'S SIGNATURE _____ **DATE** _____

FOR DCEH OFFICE USE ONLY		Application Check No._____ Date of Application Check: _____ Check Amount: _____ Date of Approval: _____	Authorization Number: _____ Date Issued: _____

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