

THURSTON COUNTY  
PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT  
Environmental Health Division  
2000 Lakeridge Drive SW  
Olympia, WA 98502-6045

**CERTIFIED SEWAGE SYSTEM INSTALLER  
APPLICATION FORM**

- ☐ New Company  
☐ Renewal  
☐ Company Name Change  
☐ Individual Certification  
☐ Other \_\_\_\_\_



NAME \_\_\_\_\_ DATE \_\_\_\_\_

FIRM NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ 2ND PHONE \_\_\_\_\_

(Will be listed on information given to the public)

FAX \_\_\_\_\_ E-Mail Address \_\_\_\_\_

L & I CONTRACTOR'S REGISTRATION # \_\_\_\_\_

(Attach copy of registration)

List the names of all certified (tested) installers employed by this firm.

_____	_____
_____	_____
_____	_____

Please list all *on-site sewage system related* educational classes that have been attended in the past calendar year *by all certified installers* employed by this firm. Provide written documentation or a copy of the class certification, along with the dates and a brief description of the class.

_____
_____

Signature \_\_\_\_\_

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**--FOR DEPARTMENT USE ONLY--**

Date Recv'd: \_\_\_\_\_ Recv'd by: \_\_\_\_\_ Fee: \_\_\_\_\_ Receipt: \_\_\_\_\_

( ) Examination passed Date \_\_\_\_\_ By \_\_\_\_\_

( ) Re-examination Date \_\_\_\_\_ By \_\_\_\_\_

( ) Certificate issued Date \_\_\_\_\_ By \_\_\_\_\_

COMMENTS: \_\_\_\_\_