



SEWAGE SYSTEM PUMPER APPLICATION FORM

☐ New Firm Certification ☐ Renewal ☐ Change of Business address ☐ New Pump Truck

☐ Change of Business Name: Previous business name: _____

☐ New Individual Certification: New Employee name: _____

FIRM NAME: _____ OWNER NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

LIST EACH OF YOUR PUMP TRUCKS BELOW (USE BACK IF NEEDED)

LICENSE #	MAKE	YEAR	COLOR	TANK SIZE

LOCATION TRUCK(S) DISPATCHED FROM: _____

STORAGE TANK FACILITY LOCATION(S): _____

NAME & LOCATION OF DUMPING FACILITY: _____

LIST NAMES OF FIELD STAFF OPERATING IN THURSTON COUNTY: (Use back of form if needed.)

Name: _____ Name: _____

Name: _____ Name: _____

Applicants Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY	FOR DEPARTMENT USE ONLY
Amount Received _____ Date: _____	Date Stamp Application Received
Receipt #: _____ By: _____	
() Renewal Approved	
Date _____ By _____	
Comments:	