



Georgia Department of Public Health
Environmental Health Section

CONTRACTOR APPLICATION

Company Information

Company Name (As it appears on business license or corporate documents) Company Certification #: (if known)

Company City Company State

Personal Information

Last Name First Name Middle Initial Suffix

Last 4 digits of Social Security Number (Jr., Sr., III, etc.)

E-mail Address (print clearly!)

Do you have any unresolved or outstanding disciplinary actions related to the Onsite Sewage or Portable Sanitation Industry?

Yes No If Yes, please explain:

Certification and Exam Information

Check/Fill in all that apply:

New applicant
Applying for additional certification(s)
Certification #:

If you need special assistance for taking an exam, please notify the examiner.

The below portion shall be completed by the Examiner.

Exam(s) Date:

Exam Score(s): Residential Commercial Mound Drip
Pumper - Septic Tank
Pumper - Portable Sanitation (note: PSAI exam may substitute for DPH exam)

Examiners Name Examination Site

CONTRACTOR APPLICATION (CONTINUED)

Verification of Residency

_____ Check here and skip this section if this information has been previously submitted and is on file.

In order to obtain and/or renew my certification as a Septic Tank Contractor, I hereby swear, under oath, that I am:
(check one of the following)

- _____ A Citizen of the United States;
 - _____ A legal permanent resident of the United States;
 - _____ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
- Official Alien Number: _____

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):

- _____ Driver's license
- _____ Birth certificate
- _____ US Passport
- _____ US Permanent Residence or Alien Registration Receipt Card
- _____ Certificate of Citizenship or Naturalization
- _____ Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Contractor Name (printed):

Contractor Signature:

New or Renewal (circle one)

Current Certification # (if renewal):

Note:
This form must be notarized and stamped or it will not be accepted.

Subscribed and sworn before me this ____ day of _____, 20____.
_____ Notary Public My commission expires _____.

CONTRACTOR APPLICATION (CONTINUED)

Contractor Certification Requirements:

- Contractors must be at least 18 years of age or older in order to be certified.
- A \$50.00 fee per exam is required (made payable to the local or district health department).
- Contractors must receive at least 70 points on the residential and/or pumper exam in order to be certified.
- Certified Contractors will be issued a 21-day Temporary Certificate, *provided the company registration fee has been paid.*
- Contractors must be employed by a company in good standing in order for an individual's certification to remain valid.
- Contractor certifications will all expire on February 28th 2016 and will be renewed every 2 years on even numbered years (2/28/18, 2/28/20).
- Installers registering anytime must receive 8 CEUs prior to the renewal period: Pumpers must receive 6 CEUs.
- Individuals who have been non-certified for 2 or more years from the last renewal period must re-take and pass any applicable exams.

I affirm all the information provided in this application (including the Verification of Residency and all attached documents) is true and to the best of my knowledge. I understand that any misrepresentation or concealment of material facts is grounds for denial or revocation of my Contractor's Certification. **I have read and agree to abide by the Rules and Regulations of the Department of Public Health (Chapter 511.3-1) for septic tank contractors.**

Applicants Signature _____ Date _____

NOTE:

A numbered certificate and card will be mailed within 2 weeks after all of the following have been received:

- Completed and signed application
- Verification of Residency Form (notarized)
- Copy of verifiable identity document
- Copy of all test(s)
- Company registration fee (and application, if new company)

Mail application and all documents to:

State Environmental Health Office - 13th floor
Two Peachtree Street
Atlanta, GA 30303