



Georgia Department of Public Health
Environmental Health Section
dph.georgia.gov/environmental-health

CONTRACTOR APPLICATION

New applicant (never been a Georgia certified contractor)
Previously certified contractor (certification expired 2+ years ago and retesting required)
Certified contractor applying for additional certification(s) Certification #: _____

Personal Information

Last Name _____ First Name _____ Middle Initial _____ Suffix _____ (Jr., Sr., III, etc.)
Last 4 digits of Social Security # _____ Phone Number _____
E-mail Address (print clearly) _____

Company Information

Company Name _____ Company Certification # : _____ (if known)
Company Phone # _____ Company City _____ Company State _____

I affirm that I do not have any unresolved or outstanding disciplinary actions related to the Onsite Sewage or Portable Sanitation Industry. I also 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.

Applicant's Signature _____ Date _____

The below portion shall be completed by the Examiner.

Certification and Exam Information

Exam(s) Date: _____

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

Examiner's Name _____ Examination Site _____

Examiner's Signature _____

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

Send all documents to: State Env Health Office - 13th floor, Two Peachtree Street, Atlanta, GA 30303
Or email: EnvironmentalHealth@dph.ga.gov
Call 404-657-6534 with questions.

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:

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 _____.