



CONTRACTOR APPLICATION

- Checkboxes for New applicant, Previously certified contractor, and Certified contractor applying for additional certification(s).

Personal Information

Last Name, First Name, Middle Initial, Suffix, Last 4 digits of Social Security #, Phone Number, E-mail Address

Company Information

Company Name, Company Certification #, 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... 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.

Email all documents to State Env Health Office: 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 _____.