



Georgia Department of Public Health
Environmental Health Section

CONTRACTOR APPLICATION

Company Information

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

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 2014 and will be renewed every 2 years on even numbered years (2/28/16, 2/28/18).
- 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 is true. I understand that any misrepresentation or concealment of material facts is grounds for denial or revocation of my Contractor Certification. I have read and understand the above Certification Requirements.

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