

LAWRENCE COUNTY HEALTH DEPT.
105 W. NORTH ST.-MT. VERNON, MO 65712
417-466-2201/FAX 417-466-7485

For office only:

Registration# _____
Valid Date _____

SEPTIC SYSTEM REGISTRATION

Please complete this registration form and enclose the applicable registration fee. **EACH** category below requires a **\$25.00** registration fee. This registration is good for one year.

Circle each category that you are applying for:

1: Installer

2: Advanced Installer

3: Soil scientist

4: Pumper

PLEASE PRINT:

Date: _____

Name of Person Registering: _____

Address: _____

City, State, & Zip: _____

Phone: HOME: _____ WORK OR MOBILE _____

STATE REGISTRATION NUMBER: _____

(must be State registered in order to be registered with Lawrence county)

Are you registered in another county? YES NO

If yes, where? _____

Are you certified to install advanced systems: YES NO

Have you taken an installer class? YES NO

If yes, Where? _____

Is your current CEU's up to date? YES NO