

For office only:	
Registration# Valid Date	

## **REGISTRATION FOR SEPTIC SYSTEM PROFESSIONALS**

Please complete this registration form and enclose the applicable registration fee. **EACH** category below requires **a \$50.00** registration fee. This registration is good for one year.

Circle each category that you are applying	for:					
1: Basic Installer/Advanced Installer						
2: Soil scientist						
3: Pumper						
PLEASE PRINT:						
Date: Name of pers	on regi	stering:				
Address:	(	City, State,	& Zip:			
(Please circle preferre	ed met	hod of con	tact)			
Phone: HOME:	WORK	OR MOBILI	Ε			
STATE REGISTRATION NUMBER:			_			
(must be State registered in order to be re	gistere	d with Law	rence county	·)		
Are you registered in another county?		YES	NO			
If yes, where?					_	
Are you certified to install advanced system	s:	YES	NO			
Are your CEU's up to date?	YES	NO				
Do you agree to have your business information	ation p	osted to ou	ır website?		YES	NO
*Every person engaged in the design, const	ruction	ı, installatio	on, or modific	ation of wast	ewater tr	eatment
systems, soil evaluation (for septic suitabilit	y) or ta	ank cleanin	g, must be re	gistered with	the Lawr	ence County
Health Department.						