

PUMPER BUSINESS OWNER APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPETENCY
Complete this application and submit with: (1) A Completed Disposal Site Letter of Authorization (2) A completed Vehicle Inspection Report showing proof of satisfactory inspection (3) Completed form(s) for OSS Pumper Employee(s) if applicable (4) A copy of your Contractor's License (5) Required Health Department fees (See PART IV below).

NOTE: ENTRIES MUST BE LEGIBLY PRINTED OR TYPED.

PART I – Company Information

Business Name: _____ K.C. Registration # **KC** _____
Business Location: _____ Total Number of Vehicles = _____
Business Mailing Address: _____
E-mail Address if applicable: _____ Total OSS Pumper Employees = _____
Business Phone: () _____ Fax: () _____
Contractor License No. (L& I Specialty or General) _____ Expiration date: _____
Full Name of Business Owner : _____
Place of Residence/Address: _____

☐ Partnership ☐ Corporation ☐ Single Proprietor
(if partnership, list all partners, if corporation, list all officers) Attach additional sheet if necessary

	Name	Address	Phone
1.	_____	_____	() _____
2.	_____	_____	() _____
3.	_____	_____	() _____

PART II- Pumper Category (or Categories) Applied For:

☐ OSS Pumper ☐ Grease Trap/Interceptor Pumper
☐ Vessel Sewage Holding Tank Pumper ☐ Portable Toilet Pumper ☐ Other: _____

PART III – CONTINUING EDUCATION TRAINING

The King County Board of Health does not require continuing education courses for individuals holding a current (pumper/hauler) certificate of competency.

DATE RECEIVED.

PART IV - FEES

Business owner	(1)	X \$208.00=	\$
Pumper Employee(s)	()	X \$104.00=	\$
Exam Fee.....	(0)	X \$173.00=	0
Vehicle Inspection Tab Fee	()	X \$ 87.00=	\$
Total Public Health Related Fees			\$

(Late fees apply after January 15, 2009)

PART V - SIGNATURE

I AM FAMILIAR WITH THE REQUIREMENTS OF KING COUNTY ON-SITE SEWAGE CODE, TITLE 13, CODE OF THE KING COUNTY BOARD OF HEALTH, AND AGREE TO PUMP, TRANSPORT AND DISPOSE OF LIQUID WASTE IN ACCORDANCE WITH THE ABOVE REQUIREMENTS. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN IMMEDIATE REVOCATION OF MY CERTIFICATE OF COMPETENCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

Signature of Business Owner _____ Date _____

For Health Department Use Only:

Fees Paid = \$ _____ ☐ Approved ☐ Disapproved Certificate Number **H** _____
Remarks: _____

Health & Environmental Investigator: _____ Date _____