

PUMPER EMPLOYEE APPLICATION FOR CERTIFICATE OF COMPETENCY

Complete application and submit with \$173.00 Exam Fee

PART I – Company Information
 Business Name: _____
 Business Location: _____
 Business Mailing Address: _____
 Business Phone: _____ Fax: _____
 Name of Business Owner: _____
 Partnership Corporation Single Proprietor

PART II- Pumper Category (or Categories) Applied For:
 OSS Pumper Grease Trap/Interception or Pumper
 Vessel Sewage Holding Tank Pumper Portable Toilet Pumper

Part III – Applicant/Employee Information
 Full name: _____
 Place of Residence/Address: _____

CONTINUING EDUCATION TRAINING
List training courses/sessions you have attended within the past 12 months - Attach a copy or copies of training course certificate(s) If more than two courses/sessions were attended, list these on an additional page.

Date	Name of Training Course(s)	Location

PART IV Signatures

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 COMPETANCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

_____ Date _____
 (Pumper Employee Signature)

The above mentioned individual is currently employed at _____
 (Company Name)

Signature of Business Operator _____
 (Authorized officer of the corporation, or managing partner, or owner)

For Health Department Use Only: Exam Fee Paid Exam Score: _____

Certification Fee Paid = \$ _____ Approved Disapproved Certification Number **HW** _____

Remarks: _____

Signature of Health & Environmental Investigator _____ Date _____