

Public Health – Seattle & King County
900 Oakesdale Ave SW, Suite# 100, Renton, WA 98057
Bellevue, WA 98007-6458 Phone (206) 296-4932
**PUMPER EMPLOYEE APPLICATION FOR RENEWAL OF
CERTIFICATE OF COMPETENCY**

**Complete application and submit with \$104.00 Renewal Fee
(Late fees apply after January 15, 2009)**

PART I – Company Information

Business Name: _____ **Registration--KC #** _____

Business Location: _____

Business Mailing Address: _____

Business Phone: () _____ Fax: () _____

Name of Business Operator: _____

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: _____ **Certification Number HW** _____

Place of Residence/Address: _____

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 company/corporation, managing partner, or owner)

For Health Department Use Only:

Certification Fee Paid = \$ _____

Approved

Disapproved

DATE RECEIVED

Remarks: _____

Signature of Health & Environmental Investigator _____ Date _____