

Public Health
Seattle & King County



Checks payable to:
SKCDPH
14350 SE Eastgate Way, Bellevue, WA 98007
Phone (206) 477-8050

PUMPER EMPLOYEE APPLICATION FOR CERTIFICATE OF COMPETENCY

Complete application and submit with required documentation and Fee. Fee schedule available at the following web page: <http://kingcounty.gov/healthservices/health/ehs/~media/health/publichealth/documents/ehs/fees/wastewater-service-fees.ashx>

(Late fees apply after January 15 in the year of certification)

Check one: Certification Exam Application _____ Initial Certification Application _____ Certification Renewal Application _____

NOTE: ENTRIES MUST BE LEGIBLY PRINTED OR TYPED

PART I – Company Information

Business Name: _____
Business Location: _____
Mailing Address: _____
Mailing City: _____ Mailing State: _____ Mailing Zip: _____
Business Phone: () _____ Fax: () _____
E-mail address: _____
Name of Business Operator : _____

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

☐ OSS Pumper ☐ Grease Trap/Interceptor Pumper
☐ Vessel Sewage Holding Tank Pumper ☐ Portable Toilet Pumper ☐ Sewer line / Lift Station Pumper

PART III – Applicant/Employee Information

Full Name: _____

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 COMPETENCY AND APPROPRIATE LEGAL ACTION BY THIS DEPARTMENT.

(Pumper Employee Signature) Date _____

I certify that the above named individual is currently employed at the above business

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

For Health Department Use Only:

Certification ☐ Renewal / ☐ Exam Fee Paid = \$ _____

☐ Approved ☐ Disapproved **Certification Number HW** _____

Remarks: _____

Signature of Health & Environmental Investigator _____ DATE RECEIVED _____
Date _____