

Send Application and Fee to:

**Public Health – Seattle & King County
Environmental Health Division
Eastgate District Health Office –14350 SE Eastgate Way, Bellevue WA 98007
Phone Number: (206) 296-4932**

**APPLICATION FOR RENEWAL – CERTIFICATE OF COMPETENCY
ASSOCIATE INSTALLER OF ON-SITE SEWAGE SYSTEMS (OSS)**

1. **Name of Applicant** _____
2. **Name of Master Installer** _____
3. **Place of business known as** _____
4. **Business Address of Applicant** _____
Business Telephone (____) _____ **(City)** **(Zip)**
5. **Residence Address** _____
(City) **(Zip)**
6. **Continuing Education Credits during the year 2007**

| Continuing Education Training (Title 13.20.030, C, 3, B) | | |
|---|----------------------------|----------|
| List courses/training attended (If necessary, attach additional pages to further document all OSS training/ courses during the year 2007) | | |
| Date | Name of Training Course(s) | Location |
| | | |
| | | |

SUBMIT A LETTER ON COMPANY LETTERHEAD FROM YOUR EMPLOYER STATING THAT YOU ARE CURRENTLY EMPLOYED BY THE ABOVE STATED BUSINESS.

7. **Attach \$104.00 renewal fee for certification. (LATE FEES APPLY AFTER JANUARY 15, 2008)**

PLEASE NOTE: IT IS YOUR RESPONSIBILITY AS A CERTIFIED COMMERCIAL INSTALLER OF OSS, TO LET THIS DEPARTMENT KNOW ANY ADDRESS CHANGES. ALL NOTICES OF INFORMATIONAL/EDUCATIONAL MEETINGS, ETC. WILL BE SENT TO THE BUSINESS ADDRESS LISTED ON THIS FORM UNLESS OTHERWISE SPECIFIED IN WRITING BY YOU.

(Applicant's Signature)

(Date)

(Signature of Master Installer)

(Date)

For Health Department Use Only:

Date Fee Paid _____ ☐ Approved ☐ Disapproved

By _____ Date _____
Wastewater Program Supervisor

Comments _____

Associate Installer Application for Renewal

REV 11/29/07