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 OF CERTIFICATE OF COMPETENCY

MASTER INSTALLER OF ON-SITE SEWAGE SYSTEMS (OSS)

1. **Name of Applicant** _____

2. **Business Address of Applicant** _____
(City) **(Zip)**

Business Telephone (_____)_____ **Fax # if applicable** (_____)_____

e-mail address if applicable _____

3. **Place of business known as** _____

4. **Residence Address** _____
(City) **(Zip)**

Residence Telephone (_____)_____

5. **Washington State Contractor Registration Number** _____

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

7. **ATTACH A COPY OF THE / YOUR CURRENT WASHINGTON STATE DEPARTMENT OF LABOR AND INDUSTRIES GENERAL OR SPECIALTY CONTRACTOR'S REGISTRATION**

8. **Attach your $277.00 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)**

For Health Department Use Only:
Date Fee Paid _____ ☐ Approved ☐ Disapproved

By_____ **Date**_____
Wastewater Program Supervisor

Comments_____

Master Installer application for renewal
Revised 11/29/07