

## APPLICATION FOR CONTRACTOR CERTIFICATION

Submittal Date	<input type="checkbox"/> Transaction number or <input type="checkbox"/> STP Application Number

APPLICANT INFORMATION			
<i>First &amp; Last Name</i>			
<i>Phone Number</i>	<i>Cell</i>	<i>Office</i>	<i>Email</i>

COMPANY INFORMATION (Company Name and Phone Number will be published on our list of certified contractors)		
<i>Company Name</i>	<i>Company Phone Number</i>	
<i>Mailing Address – Street, City, State, Zip Code</i>		
<i>Physical Address – Street, City, State, Zip Code</i>		
<i>*Labor &amp; Industries Contractor's License #</i>	<i>Expiration Date</i>	<i>Does your company have electronic/camera locating equipment?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION(S) – SELECT ALL THAT APPLY	
<input type="checkbox"/> Installer	<input type="checkbox"/> New Certification <input type="checkbox"/> Annual Renewal
<input type="checkbox"/> Monitoring & Maintenance Specialist	<input type="checkbox"/> New Certification <input type="checkbox"/> Annual Renewal
<input type="checkbox"/> Septic Pumper	<input type="checkbox"/> New Certification <input type="checkbox"/> Annual Renewal

New Certification Requirements In accordance with Kitsap Public Health Board Ordinance 2025-01, the following must be submitted with your application to be considered for certification (not applicable for annual renewal)	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of 40 hours of Onsite Sewage System related training from a Health Officer approved entity</li> <li><input type="checkbox"/> Documentation of at least one year of related work experience under the supervision and direction of a Health Officer certified contractor for each certification</li> <li><input type="checkbox"/> Documentation of a passing score of 70% or higher on WOSSA certification test</li> <li><input type="checkbox"/> Corporate Resolution (if applicable)</li> <li><input type="checkbox"/> Initial certification fee (Please refer to the current Environmental Health Fee Schedule)</li> </ul>	

ACKNOWLEDGMENT	
<i>Signature of Applicant</i>	<i>Date</i>