



Subsurface Wastewater Treatment System
Certified Installer Application

Name: _____ Date: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Cell Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Years of Experience: _____ Currently licensed elsewhere: ____ Yes ____ No

Current License #: _____ License Year: _____

Licensing District Name: _____

City: _____ State: _____

Current License #: _____ License Year: _____

Licensing District Name: _____

City: _____ State: _____

For CMHD Office Use Only:

Application received by: _____ Date: _____

\$75.00 Certified Installer Fee Paid? ____ Yes ____ No Check # _____ Date: _____

Test Date: _____ Score _____ Passed? ____ Yes ____ No

License Number: _____