



STATE OF FLORIDA

**DEPARTMENT OF ENVIRONMENTAL PROTECTION
APPLICATION FOR SEPTIC TANK CONTRACTOR
REGISTRATION RENEWAL**

FORWARD COMPLETED APPLICATION, PASSPORT STYLE PHOTO (IF NOT PROVIDED SINCE 2018), AND \$100.00 FEE TO: FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION, DIVISION OF WATER RESOURCE MANAGEMENT, ONSITE SEWAGE PROGRAM, 2600 BLAIR STONE ROAD, MS 3596, TALLAHASSEE, FL 32399

MAKE CORRECTIONS IN THE SPACES BELOW. NOTIFY THE ONSITE SEWAGE PROGRAM OFFICE WITHIN 30 DAYS OF ANY CHANGES.

APPLICATION FOR: REGISTERED or MASTER SEPTIC TANK CONTRACTOR RENEWAL

NAME		
MAILING ADDRESS		
BUSINESS NAME	DO NOT CHANGE YOUR BUSINESS NAME HERE If your business name has changed, complete a new authorization application (DH 4077), and submit with a \$250 fee.	DO NOT CHANGE YOUR BUSINESS NAME HERE If your business name has changed, complete a new authorization application (DH 4077), and submit with a \$250 fee.
COUNTY		
TELEPHONE		
FAX		
EMAIL		

CONTINUING EDUCATION: ATTACH A COPY OF THE CERTIFICATE OF ATTENDANCE. LIST MASTER CONTRACTOR LEVEL COURSES FIRST AND CHECK "ML" FOR MASTER LEVEL COURSES.

COURSE TITLE	LOCATION	DATE	ML

NOTE: No photo required, we already have your recent photo

I AFFIRM THE INFORMATION CONTAINED IN THIS APPLICATION, WHICH SERVES AS THE BASIS FOR DETERMINING MY ELIGIBILITY FOR SEPTIC TANK CONTRACTOR REGISTRATION RENEWAL IS TRUE. I UNDERSTAND ANY MISREPRESENTATION OR CONCEALMENT OF MATERIAL FACTS IN THIS APPLICATION IS GROUNDS FOR AN ADMINISTRATIVE FINE OR DENIAL OR REVOCATION OF MY SEPTIC TANK CONTRACTOR REGISTRATION.

APPLICANT'S SIGNATURE _____ DATE _____

FOR HSEWOS OFFICE USE ONLY	Application Check No. _____	Registration Number _____
	Date of Application Check: _____	Date Issued _____
	Check Amount: _____	_____
	Date of Approval: _____ or Date of Denial _____	_____