# A picture containing text Description automatically generated**ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES**

### CERTIFIED INSTALLER APPLICATION

Registration and payment for all certification classes

must be completed 7 days prior to attendance.

Please complete all of the information requested.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | | | | | M.I. | | | | |  | | | | | Last Name | | | | | | |  | | | | | | | | | | | | |
| Home Mailing Address | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | State | | |  | | | | | | | | | | Zip | | |  | | | | | County | |  | | | | | | | | |
| Home Phone | | | | (     )      - | | | | | | | | | Cell Phone | | | | | | | (     )      - | | | | | | | | | | | | Date of Birth | | | |  | | | / |  | / |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROFESSIONAL LICENSING COMPLIANCE REVIEW** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Number (optional\*) | | | | | | | | | | | |  | | | | - |  | | - | | | |  | | | | | |  | | | | | | | | | | | | | |
| \*Pursuant to OAC 710:95-9-3(a), DEQ must provide to the Oklahoma Tax Commission (“OTC”) a list of all its licensees along with their social security numbers and other identifying information that may be required by OTC. **If you choose to not provide DEQ** **with your social security number**, it will be your responsibility to obtain and provide DEQ with documentation of your compliance with Oklahoma Income Tax laws prior to being eligible for renewal next year. You can obtain the required documentation by calling OTC’s Professional Licensing Compliance Unit at 405-522-6800. **Please note that it can take six (6) months or more** for OTC to provide you with this information; and DEQ cannot renew your license next year without it. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BUSINESS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please complete this section even if this information is the same as the General Information.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Check this box to give DEQ permission to publish your business information to the general public.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | | | | State | | | |  | | | | | | | | | | | | | Zip | | |  | | | | |
| Business Phone | | | | | | (     )      - | | | | | | | | | | | | | | | | | | | | Fax Number | | | | | (     )      - | | | | | | | | | | | |
| E-Mail Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ATTACHMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| $10,000 Bond or Affidavit *(Tribal or Govt. only)* | | | | | | | | | | | | | | | | | | | | | | | | | DEQ Form 002-028 Affidavit Regarding Citizenship | | | | | | | | | | | | | | | | | |
| Experience and Competence of Five (5) On-site Sewage Treatment Systems Inspected and Approved by DEQ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Statement of Understanding:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification and that all information is true, accurate and complete. I understand that any misrepresentation or falsification may result in rejection of my application or revocation of any certificate issued as a result of this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CERTIFICATION AND EXAMINATION FEES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please check the applicable fees, total the amount owed and select a form of payment below. If you choose Visa or MasterCard or a purchase order as the form of payment, you may fax this request to (405) 702-7120. Otherwise, mail this request and your check or money order made payable to DEQ. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SELECT AND TOTAL FEES OWED** | | | | | | | | | | | | | | | **AMOUNT** | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |
|  | | Annual Certification Fee | | | | | | | | | | | | | $259.79 | | | | | | *(100040)* | | | | | | |  | | | | | | | | | | | | | | |
| **Examination Fee:** | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | | | | | |
|  | | CSE Category | | | | | | | | | | | | | $194.85 | | | | | | *(100041)* | | | | | | |  | | | | | | | | | | | | | | |
|  | | Lagoon Category | | | | | | | | | | | | | $194.85 | | | | | | *(100042)* | | | | | | |  | | | | | | | | | | | | | | |
|  | | Aerobic/Spray Category | | | | | | | | | | | | | $194.85 | | | | | | *(100043)* | | | | | | |  | | | | | | | | | | | | | | |
|  | | Aerobic/Drip Category | | | | | | | | | | | | | $194.85 | | | | | | *(100044)* | | | | | | |  | | | | | | | | | | | | | | |
|  | | Low Pressure Dosing (LPD) | | | | | | | | | | | | | $194.85 | | | | | | *(100045)* | | | | | | |  | | | | | | | | | | | | | | |
|  | | **Reinstatement Fee** (All Categories) | | | | | | | | | | | | | $64.95 | | | | | | *(101046)* | | | | | | |  | | | | | | | | | | | | | | |
|  | | **TOTAL** | | | | | | | | | | | | | $ | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| ***(Continued on the next page.)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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A picture containing text

Description automatically generated**ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES**

CERTIFIED INSTALLER APPLICATION

Registration and payment for all certification classes must be completed 7 days prior to attendance.

Please complete all the information requested.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOCUMENTATION OF EXPERIENCE AND COMPETENCE ATTACHMENT | | | | | | | | |
| Applicant’s Name: | |  | | | Date of Application: | | |  |
|  | | (PLEASE PRINT) | | |  | |  | |
| Please list five (5) On-site Sewage Treatment Systems installed in the State of Oklahoma that meet or exceed the rules in Chapter 641 as determined by an inspection performed by DEQ. These systems must have been installed within the two-year time period preceding the date of this application and may not include any joint inspections. | | | | | | | | |
|  | **Date** | | **Legal Description**  **Physical Address**  **Property Owner** | **County**  **WO Number**  **Type of System** | | **DEQ**  **Representative**  **Signature** | | |
| **1** |  | |  |  | |  | | |
| **2** |  | |  |  | |  | | |
| **3** |  | |  |  | |  | | |
| **4** |  | |  |  | |  | | |
| **5** |  | |  |  | |  | | |
| ***NOTE:*** *Installers seeking certification must have had at least 90% of the systems they installed* ***within the last year*** *approved upon the initial inspection, with any disapproved systems only requiring minor changes.* | | | | | | | | |

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**MAIL TO: Oklahoma Department of Environmental Quality**

**Accounts Receivable**

**PO Box 2036**

**Oklahoma City, OK 73101-2036**

**FAX TO: (405) 702-7120**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PAYMENT INFORMATION** *(Select one form of payment)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| Check or Money Order made payable to DEQ | | | | | | | | | | | | | | | | Purchase Order *(attach copy)* | | | | | | | | | | | | Visa or  MasterCard | | | | | | | | | |
| Name on Card: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Authorized User: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expiration Date *(mo/yr):* | | | | |  | | | / |  | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Card Number: | |  |  |  | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
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