



**APPLICATION FOR ON-SITE SEWAGE SYSTEM
INSTALLER CERTIFICATION RENEWAL**

Complete this form only if your certificate has NOT been expired for more than six (6) months. If the expiration date is more than six (6) months ago, you must contact your local health department, complete a new "Application for Certification as a Sewer System Installer", and pass a written exam.

DIRECTIONS FOR APPLICANT: Complete Section 1 below. Take this form to your local health department and ask the Sanitarian to complete Section 2 below. Return the completed form and a check or money order (no cash) for \$150.00, made payable to the **WV Bureau for Public Health**, to: Office of Environmental Health Services, Public Health Sanitation Division, 350 Capitol Street, Room 313 Charleston, WV 25301-3713.

If your address changes before your new certificate expires, please provide your updated contact information.

1. TO BE COMPLETED BY THE APPLICANT – please print legibly

Name: _____ Social Security No. (Last 4 ONLY): _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip Code: _____

County: _____ Phone: _____ Date of Birth: _____

WV Contractors License No.: _____ Issued to: _____

(A WV Contractors License is required to obtain a permit to install sewage systems.)

Do you employ one or more individuals who work in WV? Yes No

If yes, provide FEIN (federal employer identification number): _____

(Application must be denied if you are in default with WV unemployment or workers compensation.)

I do hereby make application to renew my Class _____ Sewer System Installer Certification.

My Certificate Number is: _____ Expiration Date: _____

Date: _____ Installer Signature: _____

2. TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT SANITARIAN

The _____ health department has recommended that the above named Class _____ Septic System Installer's Certification be renewed.

Date: _____ Sanitarian (print): _____ Sanitarian (signature): _____

3. TO BE COMPLETED BY THE OFFICE OF ENVIRONMENTAL HEALTH SERVICES

Approved by: _____ Date: _____ Denied By: _____ Date: _____

Reason for denial: _____

Date & Initial: Wallet Card Issued: _____ File Card Updated: _____

Database Updated: _____ Defaulted Employers List Checked: _____

Ck/MO No.: _____ Date: _____ Amt.: _____ Name: _____