



SEWAGE DISPOSAL SYSTEM INSTALLER LICENSE APPLICATION

Name: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Home Address (if different): _____ <small>No P.O. Boxes Please</small>	
City: _____	State: _____ Zip: _____
Home Phone #: (____) _____ Cell (Alt) Phone #: (____) _____	
Email: _____	
Business Name: _____ Phone #: (____) _____	
Business Address: _____	
City: _____	State: _____ Zip: _____
Business Email: _____	
Onsite Sewage Disposal Course	
Date(s) Attended: _____	
Exam Score: _____	

I affirm that the above information is correct and that as a licensed onsite sewage disposal system installer I will comply with all regulations and requirements set forth by the Oakland County Sanitary Code and the Oakland County Health Division, as they relate to onsite sewage disposal systems.

Signature of Applicant

Date

*The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability.
State and federal eligibility requirements apply for certain programs.*