



CONTRACTOR COMPANY APPLICATION

Application Date: \_\_\_\_\_

- NEW company (never previously certified by DPH)
Previously certified company (certification expired 2+ years ago)
Renewal company (currently in good standing and just renewing certification)
Change of company information Type of information change requested: \_\_\_\_\_

Check all that apply: Installer Company Septic Tank Pumper Company\* Portable Sanitation Company\*
\* County Septage and Removal Permit required for pumping.

Company Certification # (if previously certified) \_\_\_\_\_ (if unknown, put your contractor certification #)

Company Name \_\_\_\_\_
(As you want it to appear on your certification card/certificate)

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Owner's DPH Contractor Certification #: \_\_\_\_\_ (if already issued certification)

Company E-mail Address (print clearly) \_\_\_\_\_

Company Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

I, the above listed owner, do hereby certify and affirm that I am the owner of the above listed company and the below statements are true for myself and all of my employees. (Check each of the following statements if they are true; if any statement is not true, provide all applicable documentation to the Department.)

- Have not violated any of the Department's Rules and Regulations for On-site Sewage Management Systems, Chapter 511-3-1;
Have not received a criminal conviction and do not have any pending criminal charges, including a plea of nolo contendere, for any of the following: felony, crime of moral turpitude, or offense related to on-site sewage services;
Have not received a civil judgment and do not have any pending civil charges based on conduct related to on-site sewage services.

I further understand that the company will be held accountable for violations committed by its employees, and it is the company's responsibility to notify the Department in writing if there any changes in ownership or employee status.

Owner's Printed Name \_\_\_\_\_

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

This application will not be accepted unless the registration payment is received.
Pumper companies must also have a current local County Septage and Removal Permit.

Payment Amount: \_\_\_\_\_

- Check/Money Order (Payable to GA DPH, Env. Health) Check Date: \_\_\_\_\_ Check/MO # \_\_\_\_\_
Paid Online (www.georgiaeh.us) Payment Date: \_\_\_\_\_ Author. # \_\_\_\_\_

Mail to: State Environmental Health Office, 13th floor, Two Peachtree Street, Atlanta, GA 30303
or email (preferred) to: EnvironmentalHealth@dph.ga.gov (include company name in the subject line of email)
Please call 404-657-6534 with any questions.