



Georgia Department of Public Health
Environmental Health Section
dph.georgia.gov/environmental-health

CONTRACTOR APPLICATION

\_\_\_ New applicant (never been a Georgia certified contractor)
\_\_\_ Previously certified contractor (certification expired 2+ years ago and retesting required)
\_\_\_ Certified contractor applying for additional certification(s) Certification #: \_\_\_\_\_

Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_ (Jr., Sr., III, etc.)
Last 4 digits of Social Security # \_\_\_\_\_ Phone Number \_\_\_\_\_
E-mail Address (print clearly) \_\_\_\_\_

Company Information

Company Name \_\_\_\_\_ Company Certification # : \_\_\_\_\_
(if known)
Company Phone # \_\_\_\_\_ Company City \_\_\_\_\_ Company State \_\_\_\_\_

I affirm that I do not have any unresolved or outstanding disciplinary actions related to the Onsite Sewage or Portable Sanitation Industry. I also affirm all the information provided in this application (including the Verification of Residency and all attached documents) is true and to the best of my knowledge. I understand that any misrepresentation or concealment of material facts is grounds for denial or revocation of my Contractor's Certification. I have read and agree to abide by the Rules and Regulations of the Department of Public Health (Chapter 511.3-1) for septic tank contractors.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

The below portion shall be completed by the Examiner.

Certification and Exam Information

Exam(s) Date: \_\_\_\_\_
Exam Score(s): Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Mound \_\_\_\_\_ Drip \_\_\_\_\_
Pumper - Septic Tank \_\_\_\_\_
Pumper - Portable Sanitation \_\_\_\_\_ (note: PSAI exam may substitute for DPH exam)

If you need special assistance for taking an exam, please notify the examiner.

Examiner's Name \_\_\_\_\_ Examination Site \_\_\_\_\_

Examiner's Signature \_\_\_\_\_

Send all documents to: State Env Health Office - 13th floor, Two Peachtree Street, Atlanta, GA 30303
Or email: EnvironmentalHealth@dph.ga.gov
Call 404-657-6534 with questions.

**CONTRACTOR APPLICATION (CONTINUED)**

**Verification of Residency**

\_\_\_\_\_ Check here and skip this section if this information has been previously submitted and is on file.

In order to obtain and/or renew my certification as a Septic Tank Contractor, I hereby swear, under oath, that I am:  
(check one of the following)

- \_\_\_\_\_ A Citizen of the United States;
  - \_\_\_\_\_ A legal permanent resident of the United States;
  - \_\_\_\_\_ A qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
- Official Alien Number: \_\_\_\_\_

I also swear that I am eighteen years of age or older, and that I have provided a least one secure and verifiable identity document with this affidavit, as required by O.C.G.A. Section 50-36-1(e)(1).

Copy of document provided (check one):

- \_\_\_\_\_ Driver's license
- \_\_\_\_\_ Birth certificate
- \_\_\_\_\_ US Passport
- \_\_\_\_\_ US Permanent Residence or Alien Registration Receipt Card
- \_\_\_\_\_ Certificate of Citizenship or Naturalization
- \_\_\_\_\_ Other (please call our office at 404-657-6534 to verify document will be accepted)

In making these representations, I understand that any person who knowingly and willfully makes a false statement in an affidavit on any matter within the jurisdiction of state government shall be guilty of a violation of O.C.G.A. Section 16-10-20 and face the criminal penalties authorized by that statute.

Contractor Name (printed):

\_\_\_\_\_

Contractor Signature:

\_\_\_\_\_

**Note:**  
**This form must be notarized and stamped or it will not be accepted.**

<p>Subscribed and sworn before me this ____ day of _____, 20__.</p> <p>_____</p> <p>Notary Public My commission expires _____.</p>
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