

APPLICATION FOR CERTIFICATION

Submittal Date	<input type="checkbox"/> Transaction number or <input type="checkbox"/> STP Application Number

APPLICANT INFORMATION

First & Last Name	
Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Office	Email

COMPANY INFORMATION (Company Name and Phone Number will be published on our list of certified contractors)

Company Name (N/A for Homeowner Monitoring & Maintenance)	Company Phone Number (N/A for Homeowner Monitoring & Maintenance)
Mailing Address – Street, City, State, Zip Code	
Physical Address – Street, City, State, Zip Code	
Labor & Industries Contractor's License # (N/A for Homeowner Monitoring & Maintenance)	Expiration Date Does your company have electronic/camera locating equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION(S) – SELECT ALL THAT APPLY

<input type="checkbox"/> Installer	<input type="checkbox"/> New Certification <input type="checkbox"/> Annual Renewal
<input type="checkbox"/> Monitoring & Maintenance Specialist	<input type="checkbox"/> New Certification <input type="checkbox"/> Annual Renewal
<input type="checkbox"/> Septic Pumper	<input type="checkbox"/> New Certification <input type="checkbox"/> Annual Renewal
<input type="checkbox"/> Homeowner Monitoring & Maintenance	<input type="checkbox"/> New Certification <input type="checkbox"/> Annual Renewal

New Certification Requirements In accordance with Kitsap Public Health Board Ordinance 2025-01, the following must be submitted with your application to be considered for certification (not applicable for annual renewal)

- ☐ Documentation of Onsite Sewage System related training from a Health Officer approved entity (40 hours for professionals, 8 hours for Homeowner Maintainers)
- ☐ Documentation of at least one year of related work experience under the supervision and direction of a Health Officer certified contractor for each certification (N/A for Homeowner Maintainers)
- ☐ Documentation of a passing score of 70% or higher on WOSSA certification test
- ☐ Corporate Resolution (if applicable)
- ☐ Initial certification fee (Please refer to the current Environmental Health Fee Schedule)

ACKNOWLEDGMENT

Signature of Applicant	Date