

## License Application for Onsite Septic System Installers

If your business is cu	urrently licensed with anot	her ND Public Health Unit	, call us as you may be	e covered by reciprocity.	
		Facility Information			
Business Name					
Physical Address					
Mailing Address					
Email Address					
Business Phone	Isiness Phone Primary Contact Name & Cell Number				
ND State Contractors Lice	ense Number:	Class:	Expira	ation Date:	
		Owner Information			
Name and Contact Information of corporation/partnership/legal entity:					
Owner Name		Email Address	Address		
Address			Telephone Number		
		Continuing Education			
Attach proof of continuing education for each employee involved in the installation of onsite septic systems. Note: Licensee shall ensure employees are onsite during installation and that the onsite employees are current with					
continuing education. Continuing education is valid for 3 years.					
obtaining a license from	n the local adopting aut lo.10: Requirements fo		ess is located. By sig sal Systems. Failure	g an OSTS without first ning, I agree to adhere to to abide by the above	
Authorized Signature					
Title:			Date:	Date:	
		tely if any changes are r for the calendar year, ar			
		FOR OFFICE USE ONLY			
Reviewed & Approved by	(EHP):		Date:		
License No.	Fee Paid	Date Paid	Payment Method	Received by	