



**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
**HEALTHIER COMMUNITY**

**Chelan-Douglas Health District**

200 Valley Mall Parkway, East Wenatchee, WA 98802

**Personal Health:** (509) 886-6400 | FAX 886-6478

**Environmental Health:** (509) 886-6450 | FAX 886-6449

O&M Test \$208 Internal: 504

O&M ReTest \$91 Internal: 547

**O&M Provider License Application**

Office Only: \_\_\_\_\_

<b>Individual Name:</b>	<b>Company Name:</b>
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Cell Phone:	Cell Phone:
Fax :	Fax:
Email:	Email:
Contractor License Number:	Contractor License Number:
Expiration Date:	Expiration Date:

**Credentials and Work Experience**

Please list any credentials and describe any experience working with on-site sewage systems in the spaces below. A minimum of 2 years general industry experience (pumping/servicing/installation/design etc) is required:

**Credentials:**

<b>Credential</b>	<b>County</b>	<b>License Number</b>	<b>Date(s)</b>
Licensed Installer			to
Pumper			to
Other- describe here:			to
			to

**Work Experience:**

<b>Employer or Company</b>	<b>Job Duties or Services Provided</b>	<b>Date(s)</b>
		to
		to
		to
		to

**Specialized Training or Courses**

Please attach Certificates/Verifications for on-site sewage system courses completed:

<b>Training or Course Title</b>	<b>Date Completed</b>

In accordance with the provisions of the Chelan-Douglas Health District Code §4.20.60.C., I hereby apply for a license to provide operation and maintenance service for on-site sewage systems. I understand licenses must be renewed annually and that I am responsible for updating all information.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_