



PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY

Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802
Environmental Health: (509) 886-6400 | FAX 886-6449

Email: EHSsupport@cdhd.wa.gov
 O&M Test \$208 Internal: 504
 O&M ReTest \$91 Internal: 547

O&M Provider License Application

Office Only: _____

Individual Name:	Company Name:
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:

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

Work Experience:

Employer or Company	Job Duties or Services Provided	Date(s)
		to
		to
		to
		to

Specialized Training or Courses

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

Training or Course Title	Date Completed

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: _____