



Island County Public Health

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APPLICATION FOR SEWAGE INSTALLER EXAMINATION

Date: _____

Current Exam Fee required prior to exam

Receipt #: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Business Name _____

Address: _____

Phone Number: _____ Email Address: _____

TYPE OF INSTALLER LICENCE APPLYING FOR: (check all applicable)

Conventional System (gravity and pressure distribution in native soil)

Alternative System

Experience:

Employer: _____

Employer Address: _____

Contact Person: _____ Phone Number: _____

County Worked In: _____ Years of Experience: _____

Describe Experience: _____

Contractor's License Number: _____

Applicable Coursework and/or Workshops Attended: (give dates): _____