



## Island County Public Health

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### **APPLICATION FOR MAINTENANCE SERVICE PROVIDER EXAMINATION**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Experience – Must have worked with a licensed MSP Company inspecting septic systems.**

Years of Experience: \_\_\_\_\_

Give specific examples of experience (REQUIRED): \_\_\_\_\_

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Licensed in another County? \_\_\_\_\_ Name of County/Counties \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

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**IMPORTANT:**

If applying for a Maintenance Service Provider Specialist/Alternative license, check mark all system types and system components that you have experience working with.

**ATU**  
 White Water  
 Nu Water  
 Biomax  
 Clear Stream  
 Fast  
 Nibbler  
 Multiflow

**Subsurface Drip**  
 American Manufacturing (Neta Fim)  
 Geoflow  
**Packed Bed Filter**  
 Orenco Advantex

**Proprietary Drainfield**  
 Glendon  
 Oscar

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Applicant's Signature

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Date

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Business Owner's Signature

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Date

**Note: Licenses are NOT transferable.**

**Professional References:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Note:** The purpose of this application is to provide education/experience information to Island County Public Health for review. It does not constitute application for licensure as a Maintenance Service Provider.

*Public Health Department Use Only:*

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Exam Recommended Yes / No