



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**): _____

Licensed in another County? _____ Name of County/Countries _____

Employer: _____ Phone Number: _____

Address: _____

Employer: _____ Phone Number: _____

Address: _____

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

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

Applicant's Signature

Date

Business Owner's Signature

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