



## Island County Public Health

Mailing Address: 1 NE 7<sup>th</sup> Street, Coupeville, WA 98239  
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### MAINTENANCE SERVICE PROVIDER (MSP) LICENSE APPLICATION

(After passing Maintenance Service Provider exam with WOSSA)

Submit the Initial Application Processing Fee with this Application

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

Type of License: \_\_\_\_\_ MSP Tech – *Conventional Gravity/Pressure Only*  
\_\_\_\_\_ MSP specialist – *All Systems*

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

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email (recommended for announcements/educational opportunities): \_\_\_\_\_

#### Contractors, please complete the following:

1. Current IC Bond#: \_\_\_\_\_ (Attach original/continuation certificate)
2. Bond Expiration Date: \_\_\_\_\_ (8.07D.070 B.C.)
3. Continuing education, training, and/or courses taken: (*Minimum 8 CEU hours per year*)

Courses Taken: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

\*Please include certificates/documentation for CEU's received if not issued by ICPH

4. Do you hold a Contractor's license with the Washington State Department of Labor and Industries?

\_\_\_\_\_ Yes \_\_\_\_\_ No Contractor's License #: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Attach a copy of Contractor's License with application

#### \*\*Important Note regarding #4:

If an Island County licensed MSP plans to dig/excavate soil or perform repairs to Onsite Sewage Systems, they must hold a Contractor's License through Washington State Department of Labor and Industries.

If licensed with another County in Washington State, list below:

County: \_\_\_\_\_ County: \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

County: \_\_\_\_\_ County: \_\_\_\_\_

**IMPORTANT:**

If applying for a Maintenance Service Provider Specialist/Alternative license, check mark all system types and system components that you have written authorization from the manufacturer or representative to provide warranty authorized service. Include any relevant documentation if available.

**ATU**

- White Water
- Nu Water
- Biomax
- Clear Stream
- Fast
- Nibbler
- Multiflow

**Subsurface Drip**

- American Manufacturing (Neta Fim)
- Geoflow

**Proprietary Drainfield**

- Glendon
- Oscar

**Packed Bed Filter**

- Orenco Advantex

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Applicant's Signature

Date

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Business Owner's Signature

Date

**Note: Licenses are NOT transferable.**

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*IC Public Health Department Use Only*

Type of License:  Specialist  Technician

Pass WOSSA Exam with 70 % or greater?  Yes  No

Receipt#: \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_