



Island County Public Health

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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

Packed Bed Filter

___ Orenco Advantex

Proprietary Drainfield

___ Glendon

___ Oscar

Applicant's Signature

Date

Business Owner's Signature

Date

Note: Licenses are NOT transferable.

IC Public Health Department Use Only

Type of License: ___ Specialist ___ Technician

Pass WOSSA Exam with 70 % or greater? ___ Yes ___ No

Receipt#: _____ Date: _____ Received by: _____