

Application Certified Installer

CERTIFICATION (License): New Renewal Update Contact Info

Please print – Any incomplete application will be returned to the applicant and certification/renewal may expire during processing period.

Applicant _____ License #: _____

Company _____

Company Mailing Address _____

Company Telephone _____ Cellular Number _____

Email Address _____

REQUIREMENTS (MS Code of 1972, Annotated 41-67-25)

New:

1. Complete and return application with \$162.50 fee (examination fee plus study material)
2. Attend the Mississippi State Department Health 2-day training course with exam
3. Receive examination score (Letter)

Pass

- a) Submit valid General Business Liability insurance policy
- b) Submit \$150.00 fee (certification fee)

Fail

- a) Complete and return Application
- b) Submit \$130.00 fee (examination fee)

Renewal:

1. Complete and return Application with \$150.00 fee (certification fee)
2. Submit valid General Business Liability insurance policy (\$50,000 per occurrence and at least \$100,000 in total aggregate amount)
3. Submit proof of CEU/PDH hours taken with appropriate fee
4. If this application is submitted after June 30th, a late fee of ½ the Certificate fee is required

ATTESTATION – I attest and certify that all information submitted is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Mississippi State Department of Health

Division of On-site Wastewater

P.O. Box 1700

Jackson, MS 39215

www.healthyms.com

OFFICE USE ONLY

Examination/Renewal Pass Fail Copy of CEU/PDH documentation

Copy of Insurance Policy Expiration Date: _____

Remittance of Fee: \$ _____

Check M/O Credit/Debit

Certification No. **CI**- _____ Date: _____

Application

Certified Installer

Form 347 E

PURPOSE

To provide an application for any person who wishes to receive certification to install Individual On-site Wastewater Disposal Systems.

INSTRUCTIONS

Type

1. Check appropriate box New, Renewal, or Update Contact Info.

Applicant

2. Applicant – Enter name applying for certification
3. Company – Enter the name under which the Applicant’s business operates
4. Company Mailing Address – Enter mailing address of the company
5. Company Telephone – Enter the company’s phone number
6. Cellular Number – Enter Applicant’s cellular number.
7. Email Address – Enter Applicant’s email address or company email address

Attestation

8. Signature – Applicant’s name
9. Date – Enter the day the application was signed

Office Use

10. Check box Pass, Fail, or Copy of CEU/PDH documentation
11. Check box Copy of Insurance Policy
12. Enter date Insurance Expires
13. Check box Remittance of Fee and write in amount
14. Check Appropriate box for Check, Money Order or Credit/Debit
15. Certification No. – Automatically assigned by the wastewater computer program to Applicant
16. Date – Enter date application is received

OFFICE MECHANICS AND FILING

From the Division, the Special Project Officer verifies the information received from the Applicant, then enters the data in the wastewater computer program, prints the certificate, and deposits monies received. The Special Project Officer then mails the certificate to the Applicant.

RETENTION PERIOD

The Division of On-site Wastewater will retain the Application for 3 years or until audited.