

# Application

## Certified Installer

**CERTIFICATION (License):**  New  Renewal

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

Applicant \_\_\_\_\_

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 \$125.00 fee (Schedule, study material, map and Examination seating)
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 \$50.00 fee (Certificate)

Fail

- a) Complete and return Application
- b) Submit \$100.00 fee (Examination)

**Renewal:**

1. Complete and return Application with \$50.00 fee (Certificate)
  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 in calendar year
- NOTE: If you do not have your CEU/PDH hours, complete attached CEU/PDH registration sheet and return with \$25.00 fee (Schedule and map)

**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  
 805 South Wheatley Street, Suite 340  
 Ridgeland, MS 39157  
[www.healthymms.com](http://www.healthymms.com)

(Time/Date Stamp)

NEW	<i>OFFICE USE ONLY</i>	RENEWAL
Examination <input type="checkbox"/> Pass <input type="checkbox"/> Fail  <input type="checkbox"/> Copy of Insurance Policy    Expiration Date _____  <input type="checkbox"/> Remittance of Fee \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> M/O <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Cash  Certification No. <u>CI-</u> _____ Date _____		<input type="checkbox"/> Copy of CEU/PDH documentation  <input type="checkbox"/> Copy of Insurance Policy    Expiration Date _____  <input type="checkbox"/> Remittance of Fee \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> M/O <input type="checkbox"/> Credit/Debit <input type="checkbox"/> Cash  Certification No. <u>CI-</u> _____ 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 or Renewal.

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 (New)

10. Check box Pass or Fail
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, Credit/Debit or Cash
15. Certification No. – Automatically assigned by the wastewater computer program to Applicant
16. Date – Enter date application is received

Office Use (Renewal)

17. Check Copy of CEU/PDH (certificate of participation or proof of registration)
18. Check box Copy of Insurance Policy
19. Enter date Insurance Expires
20. Check box Remittance of Fee and write in amount
21. Check Appropriate box for Check, Money Order, Credit/Debit or Cash
22. Certification No. – Automatically assigned by the wastewater computer program to Applicant
23. 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.