Missouri Department of Health and Senior Services
BASIC ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)
REGISTERED INSTALLER TRAINING COURSE APPLICATION

Mail course application and fee to the address listed below.

Your registration fee of $300.00 (includes$90.00 non-refundable processing fee) must be received with this completed registration form. We will accept business or personal checks, or money orders for payment. We cannot accept credit cards or purchase orders. **Make check or money order for $300.00 payable to the *Missouri Department of Health* & *Senior Services*** and mail to:

Missouri Department of Health and Senior Services,
Attention: Fee Receipts,
P.O. Box 570,
Jefferson City, MO, 65102-0570
Fax 573-526-7377

If you would like to receive course material prior to the date of the course check the box below and add an extra **$7.50** to the registration fee to cover cost of shipping material:

☐ I would like the course material mailed to me prior to the course. I am sending a check or money order for **$307.50** for registration fee and course material shipping cost. **Form and money must be received by the program no later than 2 weeks prior to date of course.**

Please Print If you have questions, please contact the Onsite Sewage Program at (573) 751-6095.

Subject to availability and enrollment, courses are offered at either:

Jefferson City, Missouri **20 openings**

For more information, scheduled course dates and locations: http://health.mo.gov/living/environment/onsite/calendar.php

Mark Choice(s) 1st, 2nd, etc.	Course Date	Course Location

Time: 8:00 a.m. to 5:00 p.m. daily **Course Fee (includes Non-refundable Processing Fee): $300.00**

Name – First	MI	Last	Social Security Number
Business Name			Home County
Business Address (as shown on list)	City	State	Zip Code
Mailing Address (if different)			E-mail Address
Business Telephone Number	Contact Telephone Number (if different from business number)		FAX Number

List up to four other counties in which you are available to work. (While you may be available to work in more counties, list four) *

1. 2. 3. 4.

Check one of the following boxes if you prefer NOT to have your name on the Registered Installers List.

☐ Do not include my name on the website Registered Installers List (include it on other published lists).
☐ Do not publish my name on ANY Registered Installers List.

Signature	Date

*NOTE – There may be additional requirements in order to work in some counties. Check with the county administrative authority.

FOR DHSS USE ONLY

Fee Receipts Transmittal #:		***Date Paid:***		***Accepted?*** ☐
Test Score		***ID#***		