



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
ONSITE WASTEWATER PROGRAM

FOR DHSS USE ONLY	
DATE PAID	
CHECK NUMBER AND AMOUNT	

BASIC INSTALLER COURSE REGISTRATION FORM

Select one of the following options:

- Receive Manual at Class:** Course registration fee of \$300 is due at time of registration.
- Receive Manual by Mail:** Course registration fee of \$307.50 is due at time of registration (\$300 course registration fee plus \$7.50 for postage to mail materials).
Note: If delivery issues arise and materials are not received, they will be provided the 1st day of class.

CANCELLATION POLICY:

- You are not eligible for a refund of any course fee paid if you fail to cancel prior to your scheduled course date. You will not be rescheduled; you must submit a new application and full course fees.
- If you contact the program prior to your scheduled course date you may be eligible to reschedule or request a partial refund.

For registration follow the steps below to pay online and return your form via email. To pay by check or money order, contact the program for instructions.

Step 1: Pay Online

Website: health.mo.gov/onsite
 Click on "Become Registered/Licensed"
 Click on "Pay Course Fees Online"
 Online Payment Approval Number: _____

Step 2: Return Form

Email completed registration form to: OWTScourses@health.mo.gov

PLEASE PRINT CLEARLY – ALL FIELDS ARE REQUIRED – COURSES HAVE LIMITED SEATING

REGISTRANT'S NAME - (FIRST, MI, LAST)		
REGISTRANT'S STREET ADDRESS *Do Not Use Business Address*		
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		TELEPHONE NUMBER

BUSINESS INFORMATION WILL BE OBTAINED AT CLASS.
 CONFIRMATIONS WILL BE SENT VIA EMAIL ONCE THE REGISTRATION HAS BEEN PROCESSED.

<input type="checkbox"/> HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?
<input type="checkbox"/> HAVE YOU EVER BEEN A REGISTERED INSTALLER IN MISSOURI? <input type="checkbox"/> IF YES, LIST YOUR OLD ID NUMBER IF KNOWN. _____