

APPLICATION FOR LICENSURE Form #1

Missouri Department of Health and Senior Services
Onsite Sewage Program
Attention: Fee Receipts
P.O. Box 570
Jefferson City, MO 65102-0570
Phone 573-751-6095 Fax 573-526-7377

FOR DHSS USE ONLY
Fee Receipts Transmittal Number:
Date Paid:
Check # and Amount:

Please Print

Non-refundable Application Processing Fee: \$90.00

Application for Licensure as an OWTS Inspector/Evaluator	FOR DHSS USE ONLY		
	Inspector Test Score(s):	Math	
		Total	
Name – First	MI	Last	Social Security Number
			- -
Mailing Address			Contact Telephone Number
City	State	Zip Code	FAX Number
E-mail Address			Home County (Missouri)

NOTE: The following information will appear with your name on Licensed OWTS Inspectors/Evaluators Lists

Business Name		Business Phone Number	
Business Address (if different)		City	State
			Zip Code
List up to eight other counties in which you are available to work. (While you may be available to work in more counties, list eight) *			
1.	2.	3.	4.
5.	6.	7.	8.
Check one of the following boxes if you prefer NOT to have your name on Licensed OWTS Inspectors/Evaluators Lists.			
<input type="checkbox"/> Do not include my name on the INTERNET Lists of Licensed OWTS Inspectors/Evaluators. (Include it on other published lists.)			
<input type="checkbox"/> Do not include my name on ANY published Licensed Insp/Eval Lists. (You will not receive third party CEU Course information.)			
Signature			Date
			/ /

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