APPLICATION FOR LICENSURE RENEWAL
Form #2

Missouri Department of Health and Senior Services
Onsite Wastewater Treatment 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:	ID Number	CEU Credit	
OWTS Inspector/Evaluator			☐ Approved

In order to expedite the issuance of your new identification card and assure correct contact information is listed, please:
√ Enter your ID Number above.
√ Check your continuing education units (CEUs) attached, list any additional courses, and attach documentation.
√ Verify contact information below is correct, make changes accordingly.
√ Sign and date this form.
√ Attach your $90.00 Non-Refundable Processing Fee (check or money order) and mail to address above.

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.

☐ Do not include my name on the INTERNET Lists of Licensed OWTS Inspectors/Evaluators. (Include it on other published lists.)
☐ 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.