FOR DHSS USE ONLY
FEE RECEIPTS TRANSMITTAL NUMBER
DATE PAID
CHECK # AND AMOUNT

Your registration fee of \$200.00 (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.

If using a business/personal check or money order make payable to: Missouri Department of Health and Senior Services Mail application and fee to:

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

Pay Online. Once Complete enter	• •		0		
ail form with Approval number to: Missouri Department of Health and Senior Services Onsite Wastewater Treatment Program					
930 Wildwood Dr.					
Jefferson City, MO 65109 f you have questions, please contact the Onsite Wastewater Treatment Program at (573) 751-6095					
PLEASE PRINT CLEARLY					
Check Type of Qualification:					
☐ Professional Engineer – as defined in section 327.011 RSMo (include copy of current professional license)					
Registered Geologist – as defined in section 256.453 RSMo (include copy of current professional registration)					
□ Soil Scientist – as defined in 19 CSR 20-3.080					
All applicants must have official college transcript(s) sent to:					
Missouri Department of Health and Senior Services					
Onsite Wastewater Treatment Program					
930 Wildwood Dr.					
Jefferson City, MO 65109					
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 CO	NTACT TELEPHONE NUMBER	R (IF DIFFERENT FROM BUSI	NESS 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 Soil Evaluator List (include it on other published lists).					
□ Do not publish my name on ANY Registered Soil Evaluator List.					
SIGNATURE				DATE	