



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
 ONSITE WASTEWATER TREATMENT PROGRAM  
**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)  
 ADVANCED INSTALLER TRAINING COURSE APPLICATION**

<b>FOR DHSS USE ONLY</b>
FEE RECEIPTS TRANSMITTAL NUMBER
DATE PAID
CHECK # AND AMOUNT

Your registration fee of \$200.00 must be received with this completed registration form. You will receive confirmation of acceptance two (2) weeks prior to course

I have included \$7.50 for shipping of course material. To Guarantee delivery of material: Form and Fee must be received no later than three (3) weeks prior to course date.

If using a business/personal check or money orders make payable to: **Missouri Department of Health and Senior Services**

Mail course application and fee to: **Missouri Department of Health and Senior Services,  
 ATTN: Fee Receipts  
 P.O. Box 570  
 Jefferson City MO 65102-0570**

Pay Online. Once Complete enter Approval number \_\_\_\_\_,

Mail course application and fee to: **Missouri Department of Health and Senior Services,  
 Onsite Wastewater Treatment Program  
 930 Wildwood Dr.  
 Jefferson City MO 65109**

If you have questions, please contact the Onsite Wastewater Treatment Program at (573) 751-6095.

**PLEASE PRINT CLEARLY**

Subject to availability and enrollment, courses are offered only in **Jefferson City, Missouri** with **60 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	
		Jefferson City, MO	
		Jefferson City, MO	
<b>TIME: 8:00 A.M. TO 5:00 P.M. DAILY</b>		<b>COURSE FEE: \$200.00</b>	
NAME - FIRST		MI	LAST
REGISTERED INSTALLER ID NO.			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.			
<input type="checkbox"/> Do not include my name on the website Registered Installers List (include it on other published lists).			
<input type="checkbox"/> Do not publish my name on ANY Registered Installers List.			
SIGNATURE			DATE