



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

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

Your registration fee of \$300.00 (includes \$90.00 non-refundable processing fee) must be received with this completed registration form. *Acceptance in to course is on a first received basis. 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 order make payable to: **Missouri Department of Health and Senior Services**

Mail course 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 Approval Number _____ .

Mail form with Approval number 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 50 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	
TIME: 8:00 A.M. TO 5:00 P.M. DAILY		COURSE FEE (INCLUDES NON-REFUNDABLE PROCESSING FEE): \$300.00	
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	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