



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES  
 ONSITE WASTEWATER TREATMENT PROGRAM  
**ONSITE WASTEWATER TREATMENT SYSTEMS (OWTS)  
 INSPECTOR TRAINING COURSE APPLICATION**  
 (For real estate transactions only)

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

Your registration fee of \$400.00 (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.

If using a business/personal check or money order make payable to: **Missouri Department of Health & 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**

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 **20 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	

**COURSE FEE (INCLUDES \$90.00 NON-REFUNDABLE PROCESSING FEE): \$400.00**

NAME - FIRST	MI	LAST	OWTS INSTALLER ID 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	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 LICENSED INSPECTOR LIST.			
<input type="checkbox"/> Do not include my name on the website Licensed Inspector List (include it on other published lists).			
<input type="checkbox"/> Do not publish my name on ANY Licensed Inspector List.			
SIGNATURE			DATE