



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)

FOR DHSS USE ONLY
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 no later than two weeks prior to course date. Acceptance to course is based on receipt of registration form and fee.

We will accept business or personal checks, or money orders for payment. We cannot accept credit cards, purchase orders or cash. **Make check or money order for \$400.00 payable to the Missouri Department of Health & Senior Services and mail to:**

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

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			
	COURSE DATE	COURSE LOCATION	
		930 Wildwood, Jefferson City, MO 65109	
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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 Do not publish my name on ANY Licensed Inspector List.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