



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
ONSITE WASTEWATER TREATMENT PROGRAM

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

**APPLICATION FOR LICENSURE RENEWAL
 FORM 2**

Payment Instructions:

If using a business/personal check or money orders to pay \$90 renewal fee, 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, PO Box 570, Jefferson City, MO 65102-0570.**

- OR -

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.**

****In order to expedite the issuance of your new identification card and assurance correct contact information is listed, please review the information below before signing and dating form.****

Please Print

Non-refundable Application Processing Fee: \$90

APPLICATION FOR LICENSURE AS:		ID NUMBER	CEU CREDIT (FOR OFFICE USE)	
OWTS Inspector			<input type="checkbox"/> Approved	
NAME FIRST	MI	LAST	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			CONTACT TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	FAX NUMBER	
E-MAIL ADDRESS			HOME COUNTY (MISSOURI)	
NOTE: The following information will appear with your name on licensed OWTS Inspectors/Evaluators Lists				
BUSINESS NAME			BUSINESS PHONE NUMBER	
BUSINESS ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE
LIST UP TO EIGHT OTHER COUNTIES IN WHICH YOU ARE AVAILABLE TO WORK. (WHILE YOU MAY BE AVAILABLE TO WORK IN MORE COUNTIES, LIST EIGHT)*				
1.	2.	3.	4.	
5.	6.	7.	8.	
CHECK ONE OF THE FOLLOWING BOXES IF YOU PREFER NOT TO HAVE YOUR NAME ON LICENSED OWTS INSPECTORS/EVALUATORS LIST.				
<input type="checkbox"/> Do not include my name on the INTERNET Lists of Licensed OWTS Inspectors/Evaluators. (Include it on other published list)				
<input type="checkbox"/> Do not include my name on ANY published Licensed Insp/Eval Lists. (You will not receive third party CEU Course information.)				
SIGNATURE			DATE	
*NOTE - There may be additional requirements in order to work in some counties. Check with the county administrative authority.				