

**Missouri Department of Health and Senior Services
Onsite Wastewater Treatment Program
OWTS PROFESSIONAL INFORMATION UPDATE**

Mail or fax completed and signed form to:

Missouri Department of Health and Senior Services
Onsite Sewage Program
P.O. Box 570
Jefferson City, MO 65102-0570
Fax 573-526-7377

Submit a **separate form** to update information for each OWTS Professional registration.

Please check only one :			
<input type="checkbox"/> Installer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Soil Evaluator	<input type="checkbox"/> Perc Tester
Name: – First	MI	Last	ID Number
Verify Social Security Number (Last 5 digits only):			* * * _ * _
<input type="checkbox"/> Change of Business Address (as shown on list):			
Address	City	State	Zip
<input type="checkbox"/> Change of Mailing Address (if different):			
Address	City	State	Zip
<input type="checkbox"/> Change of Phone Number(s):			
Business Phone Number	Contact Phone Number	Fax Number	
() -	() -	() -	
<input type="checkbox"/> Change Counties of Availability:			
Home County			
Other counties			
1)	2)	3)	4)
Check the following box(es) if you prefer NOT to have your name on the OWTS Professional List:			
<input type="checkbox"/> Do not include my name on the website list for the Registered Professional checked above (include my name on other published lists).			
<input type="checkbox"/> Do not include my name on ANY lists for the Registered Professional checked above.			
Signature			Date