



STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
 ONSITE WASTEWATER TREATMENT PROGRAM
APPLICATION FOR REGISTRATION RENEWAL - FORM #2

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

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 renewal 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 Completed 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 information is listed, please review the information below before signing and dating form.****

PLEASE PRINT **NON-REFUNDABLE APPLICATION PROCESSING FEE: \$90.00**

Application for Registration Renewal as (check one)	ID NUMBER	CEU CREDIT (FOR OFFICE USE)
<input type="checkbox"/> Basic OWTS Installer		<input type="checkbox"/> APPROVED
<input type="checkbox"/> Advanced OWTS Installer		<input type="checkbox"/> APPROVED
<input type="checkbox"/> Percolation Tester		<input type="checkbox"/> APPROVED
<input type="checkbox"/> Onsite Soil Evaluator		<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 OWTS REGISTERED PROFESSIONALS LISTS.

BUSINESS NAME			BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
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) *			
CHECK ONE OF THE FOLLOWING BOXES IF YOU PREFER NOT TO HAVE YOUR NAME ON OWTS REGISTERED PROFESSIONALS LISTS.			
<input type="checkbox"/> Do not include my name on the INTERNET Lists of OWTS Registered Professionals. (Include it on other published lists.) <input type="checkbox"/> Do not include my name on ANY published OWTS Professionals 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.**