

On-site Wastewater Treatment Systems Designer License Application Instructions

What are the requirements?

- A high school diploma or equivalent.
- A minimum of four years of broad based, progressive field and office experience in the design of on-site wastewater treatment systems.

How do I apply for the On-site Wastewater Treatment Systems Designer License?

1. Send the fee and pages 2 and 3 to the Board's address. Make checks or money orders payable to the Washington State Treasurer (WST).
2. Complete the Experience Description/Verification forms, and send it to the person verifying the experience. The person verifying will send the forms directly to our office.
3. Request an official transcript be sent to our office if you want any education credited towards the requirements. Photocopies are not acceptable.

After your application is evaluated, you will be advised in writing whether you have been scheduled for the exam, or if more information is needed.

On-Site Wastewater Treatment System Designer Application

FOR VALIDATION ONLY

Your wall certificate will have the same name you list on this application (they will appear in the proper order).

Make check or money order payable to State Treasurer.
Send this application with your fee to:
PO Box 9048
Olympia, WA 98507-9048

Please type or print clearly

Applicant's name (Last, First, Middle)			Maiden name (If any – will not appear on certificate)		
Social Security no. (Required per RCW 26.23.150)		Birthdate	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
Mailing address		City	State	ZIP	County
Present position		Business name			
Business location address		City	State	ZIP	County
Business telephone no. ()		Email address		Residence telephone no. ()	
Have you previously filed an application with this office? <input type="checkbox"/> Yes <input type="checkbox"/> No			Exam location preference <input type="checkbox"/> Eastern WA <input type="checkbox"/> Western WA		

Educational background

Name and Location of High School, Colleges, Technical Schools	Dates of attendance		Curriculum	Degree/Date
	From	To		

Has any court or licensing jurisdiction taken action against you for your practice in on-site designing?
 If yes, please attach explanation on additional sheet. Yes No
 Have you ever been convicted of or entered a plea of *nolo contendere* to any criminal offense? Yes No
 If "Yes", please attach explanation on additional sheet.

Certification

<p><i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i></p>	
Date and place	<p style="font-size: 24px; margin: 0;">X</p> <p style="margin: 0;">Applicant's signature</p>

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

**On-Site Wastewater Treatment
System Designer
Experience and Verification**
Forms may be photocopied for additional events

Instructions for applicant

After completing the work experience descriptions on the following pages, send the work experience descriptions and this form to the person verifying your experience for that period of time. Additional sheets may be attached, if needed, but please identify the categories (A-K) you are describing.

Work experience information – to be completed by applicant

Applicant's name _____

Verification no. (From page 3) _____

Employed by _____

Job title _____ Employed from _____ to _____ Average hours per week _____

Supervisor's name and title _____

Supervisor's business address _____

City _____ State _____ ZIP _____ Telephone no. () _____

Work experience information – to be completed by experience verifier

Your name _____

Please choose from the following selections, indicating your affiliation with the applicant, and provide the information requested.

Local health department official

Name of health department/district _____

Your title _____

Professional Engineer

License number _____ Exp. date _____

State Licensed On-Site System Designer

License number _____ Exp. date _____

Work experience descriptions – to be completed by applicant

Four years of broad based, progressive field and office experience in the design of on-site wastewater treatment systems is required. The approval of the experience is based on the verifications provided by you, the level of independent judgments and decisions, and demonstration of the ability to work within the regulatory structure.

Describe your experience in:

A. Site soil assessment

B. Hydraulics

C. Topographic delineations

D. Use of specialized treatment processes and devices

E. Microbiology

Applicant's name _____

F. Construction practices

G. Applying state and local health regulations

H. Field identification and evaluation of site conditions

I. Conducting related research

Applicant's name _____

J. Interacting with clients and the public

K. Demonstrating an understanding and concern for environmental considerations and public health

Applicant's name _____

Work experience information – continued – to be completed by experience verifier

Do you feel qualified and prepared to verify the experience in categories A through K listed below? Yes No

Do you agree with the applicant's employment time? Yes No

Do you agree with the applicant's description of work, duties, and responsibilities? Yes No
If you answered "No", to any of the above questions, please explain:

During this employment time, how long has the applicant been in a position of making independent judgments and decisions?

_____ years/months

Please check the categories listed below that you believe the applicant is competent and prepared to be examined for admission to the profession.

- A. Site soil assessment
- B. Hydraulics
- C. Topographical delineations
- D. Use of specialized treatment processes and devices
- E. Microbiology
- F. Construction practices
- G. Applying state and local health regulations
- H. Field identification and evaluation of site conditions
- I. Conducting related research
- J. Interacting with clients and the public
- K. Demonstrating an understanding and concern for environmental considerations and public health

Would you recommend this applicant for licensure if the requirements are met? Yes No

Date _____ Signature **X** _____