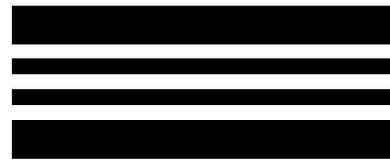




**On-Site Wastewater  
Treatment System Inspector  
Certificate of Competency  
Application**



You can use this form to apply for an On-site Wastewater Treatment System Inspector Certificate of Competency. Questions? Call (360) 664-1575.

Send the completed form with a check or money order for **\$175**, payable to the Department of Licensing, to:

**Board of Registration for Professional Engineers and Land Surveyors  
On-Site Program  
Department of Licensing  
PO Box 35001  
Seattle, WA 98124-3401**



You will receive an email with information to access the Law and Ethics exam that must be taken and passed before you are approved for the On-Site Wastewater Treatment System Designer exam.

**Applicant information**

PRINT or TYPE Name (Last, First, Middle)		Social Security number required*		Date of birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email			
Mailing address				
City	State	ZIP code	County	
Present position		Exam location preference <input type="checkbox"/> Eastern WA <input type="checkbox"/> Western WA		
Answer the following Have you previously filed an application with this office? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				
Certification <i>I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.</i>				
Date and place		Applicant signature		

\*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it may result in denial of your application.

**Health Department request for examination**

Health Department/Jurisdiction				
Address				
City	State	ZIP code	County	
(Area code) Business telephone	(Area code) Fax number	Email		
Examination request I hereby request that _____ be allowed to take the On-Site Wastewater Treatment System Designer examination.				
Certification <i>I certify under penalty of perjury that I am the director/director designee of the Health Department/jurisdiction indicated above, and thereby qualified to make this request.</i>				
Date and place		Director/ Director designee signature		