

## On-site Wastewater Treatment System Inspector Certificate of Competency Application



FOR VALIDATION ONLY

Make check/money order payable to State Treasurer.  
Send application with your fee to:  
Board of Registration for Professional  
Engineers and Land Surveyors  
On-site Program  
PO Box 9048  
Olympia, WA 98507-9048

### Applicant information

*Please type or print clearly in dark ink*

Applicant's name <i>(Last, First, Middle)</i>		Social Security no. <i>(RCW 26.23.150)</i>		Birthdate	
Correspondence address		City	State	Zip	County
Present position		Exam location preference <input type="checkbox"/> Eastern WA <input type="checkbox"/> Western WA			
Have you previously filed an application with this office? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>I certify under penalty of perjury under the laws of the State of Washington that this application is true and correct.</i>					
Date and place		<b>X</b> Applicant's signature			

### Health Department request for examination

Health Dept./Jurisdiction					
Address		City	State	ZIP	County
Business telephone no. (    )	E-mail address		FAX no. (    )		
I hereby request that _____ be allowed to take the On-Site Wastewater Treatment System Designer examination in accordance with RCW 18.210.190. Pursuant to RCW 9A.72.085, I certify under the penalty of perjury that I am the director/director's designee of the health department/jurisdiction indicated above, and thereby qualified to make this request.					
Date and place		<b>X</b> Signature			

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