



Department of Health Examination Request for On-Site Wastewater Treatment System Designer

Complete this form and scan and email to: engineers@dol.wa.gov

Or mail to:

**Engineers and Land Surveyors
Department of Licensing
PO Box 9025
Seattle, WA 98507-9025**

For questions or language help call: (360) 664-1575.



Applicant _____

Health Department request

TYPE or PRINT Health Department/Jurisdiction			
Address			
City	State	ZIP code	County
(Area code) Business phone	Email		
Examination request			
I request that _____ be allowed to take the On-Site Wastewater Treatment System Designer Examination.			

I declare under penalty of perjury under the law of Washington that I am the director/director designee of the Health Department/Jurisdiction indicated above, and thereby qualified to make this request.

Date and place

TYPE or PRINT Name
X
Signature