

ALABAMA ONSITE WASTEWATER BOARD APPLICATION FOR 2020 LICENSE
THIS PAGE TO BE COMPLETED BY THE LICENSE APPLICANT



TYPE OF LICENSE APPLYING FOR:

Basic Level Installer _____ Manufacturer _____ Advanced Level I Installer _____
 Portable Toilet License _____ Pumper _____ Advanced Level II Installer _____

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ MI _____

HOME ADDRESS _____ PHYSICAL ADDRESS _____

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

HOME PHONE #: _____ SOCIAL SECURITY # _____ DOB _____

EMAIL ADDRESS: _____

BUSINESS INFORMATION

NAME OF BUSINESS FOR WHICH YOU WILL PERFORM ONSITE WASTEWATER SYSTEM WORK: _____

BUSINESS ADDR. _____ **PHYSICAL ADDR.** _____

CITY: _____ **STATE:** _____ **COUNTY:** _____ **ZIP CODE:** _____

BUSINESS PHONE# (_____) _____ **CITY/COUNTY BUSINESS LICENSE NUMBER:** _____

WORK EXPERIENCE

BUSINESS EXPERIENCE

Employer	Job Title	Duties	Type of Business	# of years

DATE AND LOCATION OF TRAININGS/TESTINGS RECEIVED TO DATE: (complete all that apply)

Type of Training	Training Date	Sponsor and Location of Training
Basic Level Installer Training		
Pumper Training		
Portable Toilet Training		
Manufacture Training		
Advanced Level I Training		
Advanced Level II Training		

Applicants Statement: I hereby certify that there are no outstanding warrants issued against me in any county for work or services performed in the septic tank or onsite wastewater industry. I also hereby certify that all information provided is true and correct to the best of my knowledge and is given for the purpose of obtaining a license from the Alabama Onsite Wastewater Board under the provisions of the *Code of Alabama, 1975, '34-21A-1, et seq.* **I understand that this application is for a license which will expire December 31, 2019.** I have enclosed a check or money order made payable to the AOWB for the \$25.00 non-refundable application processing.

Date _____ Signature of Applicant _____