

INSTRUCTIONS:

SECTION I

- Provider name:** Name of the organization or sponsor seeking approval to provide septic tank contracting continuing education courses.
- Mailing address:** Mailing address of the organization or sponsor seeking course provider approval.
- Telephone #:** Telephone number of the organization or sponsor seeking course provider approval.
- Facsimile #:** Facsimile number of the organization or sponsor seeking course provider approval.

SECTION II

Mark the box under the business type that describes the business structure of the organization or sponsor seeking course provider approval.

List the name, address and position of the registered agent and officers, all partners, membership directors, or owners of the organization or sponsor seeking course provider approval.

SECTION III

The authorized representative of the organization or sponsor seeking course provider approval acknowledges understanding of the affirmation statement by printing, signing and dating the application.

Mail completed application to :

**DEPARTMENT OF HEALTH
BUREAU OF ONSITE SEWAGE PROGRAMS, BIN #A08
4052 BALD CYPRESS WAY, TALLAHASSEE, FL 32399-1713**