# A picture containing text Description automatically generated**ENVIRONMENTAL COMPLAINTS AND LOCAL SERVICES**

### CERTIFIED INSTALLER APPLICATION

Registration and payment for all certification classes must be completed 7 days prior to attendance.

Please complete all information requested.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **1.** | **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | |  | | | | | | | | | | | M.I. | |  | | Last Name | | | | | | | |  | | | | | | | | | | |
| Prefer to go by | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | |  | | | | | | | | | | | | State | |  | | | | Zip | | | |  | | | | | County | | | | |  | | | |
| Contact Number | | | | | | | | (     )      - | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |
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| **2.** | **BUSINESS INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please complete this section even if this information is the same as the General Information.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you want your business/contact information listed on ODEQ website? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | No | | | | | | | |
| Business Name | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | |  | | | | | | | | | | | | | | | State |  | | | | | | | | | | | | | | | | | Zip | |  |
| Business Phone | | | | | | | | | (     )      - | | | | | | | | | | | | | | |  | | | | |  | | | | | | | | | |
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| **3.** | **ATTACHMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| $10,000 Bond or Affidavit *(Tribal or Govt. only)* | | | | | | | | | | | | | | | | | | | | | | DEQ Form 002-028 Affidavit Regarding Citizenship | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | **DOCUMENTATION OF EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list five (5) On-site Sewage Treatment Systems installed in the State of Oklahoma that meet or exceed the rules in Chapter 641 as determined by an inspection performed by DEQ. These systems must have been installed within the two-year period preceding the date of this application and may not include any joint inspections.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | ***Check this box if you have not completed the required experience system installations.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Date of Installation | | | | | | | | Physical Address  Property Owner | | | | | | | | | | | | | | | County  WO Number | | | | | DEQ Signature | | | | | | |
| **1** | | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| **2** | | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| **3** | | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| **4** | | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| **5** | | | |  | | | | | | | |  | | | | | | | | | | | | | | |  | | | | |  | | | | | | |
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| ***NOTE:*** | | | | *Installers seeking certification must have had a least 90% of the systems they installed* ***within the last year*** *approved upon the initial inspection, with any disapproved systems only requiring minor changes.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Statement of Understanding:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify under penalty of law that this application and any attachments contain no willful or negligent misrepresentation or falsification, and that all information is true, accurate and complete. I understand that any misrepresentation or falsification may result in rejection of my application or revocation of any certificate issued as a result of this application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Date | | | |  | |
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| **ODEQ USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Account Number** | | | | | | | | | | | | | | **POC Number** | | | | | | | | | **Certified Installer Number** | | | | | | | | | | | **Date Received by ECLS** | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | |