

403 Burlington St SE Mandan, North Dakota 58554 701-667-3370 ● Fax: 701-667-3371 1-888-667-3370

ONSITE SEPTIC INSTALLER LICENSE APPLICATION

Annual Fee: \$115.00

Fill out completely and return to Western Plains Public Health.

BUSINESS NAME							
OWNER NAME			EMAIL ADDRESS				
MAILING ADDRESS		CITY	1		STATE	ZIP CODE	
PHONE NUMBER	CELL PHONE N	UMBEF	MBER FAX NUMB		/BER		
DATE OF MOST CURRENT TRAINING:							
ND STATE CONTRACTORS LICENSE NUMBER (enclose a copy with application)		CLAS	CLASS EXPIR		RATION DATE		
Are you a Sewer and Water Contractor licensed by the ND State Plumbing Board? Yes D No D							
Are you insured? Yes ☐ No ☐		Are	Are you bonded? Yes 🗌 No 🗌				
INSURANCE COMPANY		BON	BONDED BY				
INSURANCE LIMITS		BON	BOND AMOUNT				
INSURANCE AGENT		BON	BOND AGENT				

By my signature, I agree to adhere to the provisions of the ND State Plumbing Code Chapter 62-03.1-03 and the regulations of Western Plains Public Health. I further agree to the requirements of the Code in their entirety as relates to installing onsite septic treatment systems. I understand that failure to abide by the requirements of the Code may result in legal action against the license and license holder.

Is your business a current license holder with another ND public health unit? Yes No If so, please include a copy of this license and <u>do not pay the \$115 fee</u>.							
AUTHORIZED SIGNATURE							
TITLE			DATE				
For Office Use Only							
REVIEWED BY	DATE	CASH/CHECK #/CC	RECEIPT #				
LICENSE ISSUE DATE LICENSE ISSU	JE NUMBER	ND CONTRACTORS LICENSE ENCLO Yes No	SED? TRAINING UTD? Yes No				