

**ELKHART COUNTY HEALTH DEPARTMENT  
ONSITE SEPTIC SYSTEM INSTALLER REGISTRATION FORM**

NAME OF

COMPANY: \_\_\_\_\_

COMPANY MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

COMPANY PHONE NUMBER: \_\_\_\_\_

COMPANY FAX NUMBER: \_\_\_\_\_

COMPANY PAGER NUMBER: \_\_\_\_\_

COMPANY EMAIL ADDRESS: \_\_\_\_\_

COMPANY MOBILE/CELL PHONE NUMBER: \_\_\_\_\_

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NAME OF APPLICANT: \_\_\_\_\_

APPLICANT MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

APPLICANT PHONE NUMBER: \_\_\_\_\_

APPLICANT CELL OR MOBILE NUMBER: \_\_\_\_\_

ARE YOU CURRENTLY IOWPA CERTIFIED? \_\_\_\_ REGISTRATION NUMBER: \_\_\_\_

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**Most frequently used equipment:**

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_

Type: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_

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\*\*\*\*\*FOR ECHD USE ONLY\*\*\*\*\*

EXAM NUMBER:    1     2     3                       EXAM SCORE: \_\_\_\_\_

REGISTRATION FEE PAID: \_\_\_\_\_                      RECEIPT NUMBER: \_\_\_\_\_

ISSUED BY: \_\_\_\_\_                      DATE: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_                      EXPIRATION DATE: \_\_\_\_\_

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Please complete this form and submit with registration fee of \$35.00 to Elkhart County Environmental Health Services Division. Please make checks payable to ELKHART COUNTY TREASURER