



Public Health

Idaho North Central District

Nez Perce County
215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County
333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County
105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County
903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County
132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

Sewage Installer/Service Provider Registration Application

Business name _____ Business phone # _____

Mailing address _____
(P. O. Box/Street) (City) (State) (Zip)

Name of owner _____ Contact phone # _____

Owner's mailing address _____

Name of operator/manager _____ Contact phone # _____

E-Mail address: _____

Check one: Corporation Partnership Partners (if any) _____

Sole Proprietor **If checked Legal Verification of Lawful Presence form required**

I hereby make application to be a (check all that apply): Service Provider must also be a complex installer.

Standard/Basic System Installer Complex Alternative Installer Service Provider ETPS Type(s): _____

I understand the permit is not transferable as to persons, and is based upon compliance with the Idaho Rules for Individual and Subsurface Sewage Disposal Systems, and this permit may be suspended for violation of these rules.

Owner/agent's signature _____ Date _____

Included with this application must be a copy of the surety bond in a form approved by the PH-INCD as required under section 58.01.03.006.05 of the regulations.

- FOR OFFICE USE ONLY -

Fee Receipt # _____ Date Paid: _____ Check # _____

	Fee Paid	Bond Submitted	Test Passed	Training Course Attended
Standard/Basic:	\$100 _____	\$10,000 _____	Date: _____	Date: _____
Complex:	\$100 _____	\$30,000 _____	Date: _____	Date: _____
Service Provider:	\$100 _____		Date: _____	

I hereby approve this application for an Installer's Registration Permit.

Standard/Basic Installer: Yes ___ No ___ Complex Installer: Yes ___ No ___ Service Provider: Yes ___ No ___

(Environmental Health Specialist)

(Date)