



**SHIAWASSEE COUNTY**  
**HEALTH DEPARTMENT**  
*Promoting Wellness. Protecting Health.*

**Application for On-Site Water Supply and Sewage Disposal Systems  
Inspector Certification**

<b>Contact Information</b>			
<b>Applicant Name:</b>			
LAST	FIRST	MIDDLE INITIAL	
<b>Legal Business Name:</b>			
<b>Applicant Street Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>Phone:</b>	<b>Fax:</b>	<b>Email:</b>	
<b>Business Street Address (if different):</b>		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>

<b>Registrations/Licenses</b>	
<i>Check All That Apply:</i>	
<input type="checkbox"/> Registered Well Driller	Registration Number: _____
<input type="checkbox"/> Registered Sanitarian	Registration Number: _____
<input type="checkbox"/> Professional Engineer	Registration Number: _____
<input type="checkbox"/> Licensed Contractor	License Number: _____

<b>Education</b>		
<b>High School Attended:</b>	<b>City/State:</b>	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
<b>College:</b>	<b>City/State:</b>	<b>Highest Degree Attained:</b>
<b>Trade School / Specialized Training</b>	<b>City/State:</b>	<b>Certificate Achieved:</b>

**Professional Organization / Affiliations**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Relevant Employment History**

<i>Employer Name:</i>	<i>Start Date:    End Date:</i>
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<i>Employer Street Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
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*Employer Phone:*

*Describe Nature of Work:*

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<i>Employer Name:</i>	<i>Start Date:    End Date:</i>
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<i>Employer Street Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
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*Employer Phone:*

*Describe Nature of Work:*

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<i>Employer Name:</i>	<i>Start Date:    End Date:</i>
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<i>Employer Street Address:</i>	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
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*Employer Phone:*

*Describe Nature of Work:*

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<b>References</b>		
<i>Name:</i>	<i>Title:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Title:</i>	<i>Phone:</i>
<i>Name:</i>	<i>Title:</i>	<i>Phone:</i>

**I affirm that all information contained in this application is accurate and I understand that any misrepresentation can lead to revocation of certification by the Shiawassee County Health Department.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*