Application
Certified Installer

CERTIFICATION (License): □ New □ Renewal □ Update Contact Info

Please print – Any incomplete application will be returned to the applicant and certification/renewal may expire during processing period.

Applicant ___________________________ License #: __________________

Company ________________________________

Company Mailing Address ________________________________

Company Telephone _____________________ Cellular Number __________________

Email Address ________________________________

REQUIREMENTS (MS Code of 1972, Annotated 41-67-25)

New:
1. Complete and return application with $162.50 fee (examination fee plus study material)
2. Attend the Mississippi State Department Health 2-day training course with exam
3. Receive examination score (Letter)
   - Pass
     a) Submit valid General Business Liability insurance policy
     b) Submit $150.00 fee (certification fee)
   - Fail
     a) Complete and return Application
     b) Submit $130.00 fee (examination fee)

Renewal:
1. Complete and return Application with $150.00 fee (certification fee)
2. Submit valid General Business Liability insurance policy ($50,000 per occurrence and at least $100,000 in total aggregate amount)
3. Submit proof of CEU/PDH hours taken with appropriate fee
4. If this application is submitted after June 30th, a late fee of ½ the Certificate fee is required

ATTESTATION – I attest and certify that all information submitted is accurate and correct to the best of my knowledge.

Signature ______________________________ Date __________________

Mississippi State Department of Health
Division of On-site Wastewater
P.O. Box 1700
Jackson, MS  39215

www.healthymys.com

OFFICE USE ONLY

Examination/Renewal □ Pass □ Fail □ Copy of CEU/PDH documentation

□ Copy of Insurance Policy Expiration Date: __________

□ Remittance of Fee: $ __________

□ Check □ M/O □ Credit/Debit

Certification No. CI - ________________ Date: __________
Application
Certified Installer
Form 347 E

PURPOSE
To provide an application for any person who wishes to receive certification to install Individual On-site Wastewater Disposal Systems.

INSTRUCTIONS

Type
1. Check appropriate box New, Renewal, or Update Contact Info.

Applicant
2. Applicant – Enter name applying for certification
3. Company – Enter the name under which the Applicant’s business operates
4. Company Mailing Address – Enter mailing address of the company
5. Company Telephone – Enter the company’s phone number
6. Cellular Number – Enter Applicant’s cellular number.
7. Email Address – Enter Applicant’s email address or company email address

Attestation
8. Signature – Applicant’s name
9. Date – Enter the day the application was signed

Office Use
10. Check box Pass, Fail, or Copy of CEU/PDH documentation
11. Check box Copy of Insurance Policy
12. Enter date Insurance Expires
13. Check box Remittance of Fee and write in amount
14. Check Appropriate box for Check, Money Order or Credit/Debit
15. Certification No. – Automatically assigned by the wastewater computer program to Applicant
16. Date – Enter date application is received

OFFICE MECHANICS AND FILING
From the Division, the Special Project Officer verifies the information received from the Applicant, then enters the data in the wastewater computer program, prints the certificate, and deposits monies received. The Special Project Officer then mails the certificate to the Applicant.

RETENTION PERIOD
The Division of On-site Wastewater will retain the Application for 3 years or until audited.