Please complete this form **ONLY** if you wish to sit for a CEU Exam.

**EXAM OPTIONS (CHOOSE ONE)**

- □ Certification/Administrative/Law
- □ Septic Tanks/ATS/Pump Tanks
- □ Underground/Subsurface Drip/Elevated Sand Mound
- □ Overland Discharge/Spray Irrigation/Disinfection

Preferred Date:  □ June 14, 2017  □ June 15, 2017

Print Name: ______________________________

License Number:___________

Signature: ______________________________

Please return this form and the fee of $130 (as a check or money order made payable “Mississippi State Department of Health” or “MSDH”) to the below address.