

**ELKHART COUNTY HEALTH DEPARTMENT
ON-SITE SEPTIC SYSTEM INSTALLER REGISTRATION FORM**

NAME OF COMPANY: _____

COMPANY MAILING ADDRESS: _____

COMPANY PHONE NUMBER: _____

COMPANY FAX NUMBER: _____

COMPANY PAGER NUMBER: _____

COMPANY MOBILE/CELL PHONE NUMBER: _____

NAME OF APPLICANT: _____

APPLICANT MAILING ADDRESS: _____

APPLICANT PHONE NUMBER: _____

APPLICANT CELL OR MOBILE NUMBER: _____

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Most frequently used equipment:

Type: _____ **Make:** _____ **Color:** _____

Type: _____ **Make:** _____ **Color:** _____

Type: _____ **Make:** _____ **Color:** _____

Type: _____ **Make:** _____ **Color:** _____

Type: _____ **Make:** _____ **Color:** _____

=====

EXAM NUMBER: 1 2 3

EXAM SCORE: _____

REGISTRATION FEE PAID: _____

RECEIPT NUMBER: _____

ISSUED BY: _____

DATE: _____

REGISTRATION NUMBER: _____

EXPIRATION DATE: _____