## APPLICATION FOR CERTIFICATION

On-Site Sewage System Installer Cass County, Indiana



I hereby make application to be a Certified Installer of On-Site Sewage Systems in Cass County, Indiana, as specified in Cass County Ordinance No. 2009-03. By this application, I agree to abide by this Ordinance and Indiana State Department of Health Rule 410 IAC 6-8.3, 410 IAC 6-10, and subsequent ISDH Rules.

I am also providing a certificate of liability insurance issued by a company registered in Indiana as prescribed in Cass County Ordinance No. 2009-03. I understand that the installer Certification fee of \$50.00 shall be

Type of Certification Desired:	☐ New	☐ Renewal		
	☐ Gravity Feed	☐ Pressure Distribut	tion	
(Please print or type)				
Name:		_ Bus. Telephone:		
D N				
Business Name:				
Business Mailing Address:				
City:	_			
Phone #:	Fax #:			
Additional Phone #:				
E-Mail:				
I would like my name to appear on the list of Certified OSS Professionals pro		Department's	□ YES	□ NO
I am <b>IOWPA</b> (Indiana On-Site Profess. (please provide a copy of your IOWPA			☐ YES	□ NO
Signature:		]	Date:	
Do Not Write Below This Line:				

Cass County Health Department

512 High Street Logansport, IN 46947	(574) 753-7760

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