APPLICATION FOR CERTIFICATION

On-Site Sewage System Installer

Cass County, Indiana

I hereby make application to be a Certified Installer of On-Site Sewage Disposal 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 6-8.2, 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 paid, and the certificate of liability insurance shall be provided prior to the issuance of the certification.

Type of Certification Desired: ❑ New ❑ Renewal

❑ Gravity Feed ❑ Pressure Distribution

(*Please print or type)*

Name: _____ Bus. Telephone: _____

Business Name: _____

Business Mailing Address: _____

City: _____ St. _____ Zip: _____

Phone #: _____Fax #: _____

Additional Phone #: _____

E-Mail: _____

I would like my name to appear on the Cass County Health Department's list of Certified OSS Professionals provided to the public. ❑ YES ❑ NO

I am **IOWPA** *(Indiana On-Site Professionals Assoc.)* Certified: ❑ YES ❑ NO
(please provide a copy of your IOWPA Cert. with your application)

Signature: _____ Date: _____

Do Not Write Below This Line:

❑ Fee Paid Receipt # _____

❑ Certification of Liability Insurance Expiration Date: _____

Certification Approved:

❑ Gravity Feed ❑ Pressure Distribution

Certificate Number: _____

Issue Date: _____ Expires: _____

Cass County Health Department
512 High Street
Logansport, IN 46947 *(574) 753-7762*