



Office Use

Case # _____ Date _____ Initial _____
Amt _____ Check # _____ Code _____ Receipt # _____

SEPTIC PROFESSIONAL LICENSE/CERTIFICATE APPLICATION

Company Information:

Company Name:	Owner Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email:	Email:

Owner Information:

ENCLOSE REQUIRED DOCUMENT: Proof of Bond

If your Bond is not included with this application, your permit cannot be issued or renewed.

Service and Fees Clearly mark your selection(s) in the right column			
New Operations & Maintenance Professional	\$449	H_HOS024	<input type="checkbox"/>
Renew Operations & Maintenance Professional	\$188	H_HOS025	<input type="checkbox"/>
New Installer	\$449	H_HOS024	<input type="checkbox"/>
Renew Installer	\$188	H_HOS025	<input type="checkbox"/>
New Pumper	\$449	H_HOS026	<input type="checkbox"/>
Renew Pumper	\$224	H_HOS027	<input type="checkbox"/>
Late Fee – REQUIRED IF LICENSE HAS EXPIRED	\$50	H_HOSXXX	<input type="checkbox"/>

My signature certifies that this information is accurate to the best of my knowledge. I grant permission for the Yakima Health District to make reviews or inspections required by the permit process. I understand that this application will become part of the public record, and that any decision made by the Yakima Health District may be appealed provided that the appeal is made in writing and delivered to the Health District within 30 days of the decision. I also understand that supplying incorrect and/or incomplete information may result in delays in completing your requests, permit revocation, and/or additional costs.

Applicant Signature _____ Date _____

Revised 102324



SEPTIC PROFESSIONAL LICENSE/CERTIFICATE Company Information

INSTALLERS/O&M PROFESSIONALS – LIST ALL AUTHORIZED SIGNATORIES	
Printed Name	Signature

PUMPERS – LIST ALL EQUIPMENT USED FOR PUMPING				
Make	Year	License Plate	Color	Capacity