



APPLICATION FOR TIME OF SALE INSPECTOR CERTIFICATION

Please complete and submit this application to our office to be considered for certification as an inspector of on-site water supply and sewage disposal systems in Washtenaw County. Once the application is submitted, our Time of Sale program coordinator will contact you regarding next steps in the certification process.

Applicant Information

Last name		First name	
Home street address	City	State	Zip
Legal business name			
Business street address	City	State	Zip
Phone	Fax		
Email			

Certifications/Registrations/Licenses (check all that apply)

<input type="checkbox"/> Registered Well Driller - Registration Number:
<input type="checkbox"/> Registered Sanitarian - Registration Number:
<input type="checkbox"/> Professional Engineer - Registration Number:
<input type="checkbox"/> Licensed Contractor - License Number:

Education

<p>High School</p> <p>School name: _____</p> <p>City/State: _____</p> <p>Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If <u>Yes</u>, year graduated: _____</p> <p> If <u>No</u>, highest grade completed: _____</p> <p>Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If <u>Yes</u>, year obtained: _____</p>	<p>College</p> <p>School name: _____</p> <p>City/State: _____</p> <p>Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p> If <u>Yes</u>, year graduated: _____</p> <p>Major: _____</p> <p>Minor: _____</p> <p>Highest degree earned:</p> <p><input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D.</p>
--	--

Professional Organizations/Affiliations

Relevant Employment History

Employer name		From	To
Street address	City	State	Zip
Phone			
Describe the nature of your work			

Employer name		From	To
Street address	City	State	Zip
Phone number			
Describe nature of your work			

References

Name	Title	Phone
Name	Title	Phone
Name	Title	Phone

Signature

I affirm that all information contained in this application is true and I understand that any misrepresentation can lead to removal of certification by the Washtenaw County Environmental Health Division.

Applicant Signature

Date

For Office Use Only

Receipt

Date application received: _____

Received by: _____