ALABAMA ONSITE WASTEWATER BOARD
DEFICIENCY PLAN FOR CONTINUING EDUCATION

THIS PAGE TO BE COMPLETED BY THE LICENSE APPLICANT

LICENSE NUMBER:_____

TYPE OF DEFICENCY APPLYING FOR:

MILITARY_____ MEDICAL HARDSHIP_____ EMERGENCY_____

WORKING OUT OF STATE_____

PERSONAL INFORMATION

LAST NAME _____FIRST NAME _____ MI_____

HOME ADDRESS _____PHYSICAL ADDRESS _____

CITY _____ STATE _____COUNTY _____ZIP CODE_____

DEFICIENCY PLAN

Please describe why you are deficient in your continuing education and what your plan is to be in compliance: (example: How are you going to "catch up" on your hours (use additional sheets if necessary)

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Date _____ Signature of Applicant _____

BOARD
RECOMMENDATION/APPROVAL:_____

_____

DEFICIENCY PLAN FEE RECEIVED:_____

Date _____ Signature of Witness _____