



ALABAMA ONSITE WASTEWATER BOARD

P.O. BOX 303552
MONTGOMERY, ALABAMA 36130-3552
PH: 334-353-9250
www.aowb.alabama.gov

Eligibility Requirements to Obtain a License from the Alabama Onsite Wastewater Board

The Alabama Onsite Wastewater Board made changes to its Administrative Code. Procedures were put in place for eligibility requirements for individuals applying for a license from the Alabama Onsite Wastewater Board.

The attached application should be completed in its entirety. If application meets eligibility requirements, you will receive notice to attend initial training and given a list of approved sponsors of education.

To be eligible to attend initial training and take the exam for the Basic Installer License, you must show 12 months of work experience for the basic installer; types of work experience accepted but not limited to: installing septic tanks, sewer lines, wastewater treatment operations, working with a basic installer. Other work experience will be taken into consideration.

Please note: if you currently hold a license with the AOWB as a pumper, portable toilet, manufacturer, for a minimum of 12 months, the work experience requirement will be waived.

To be eligible to attend initial training and take the exam for the Pumper License, the Portable Toilet License or the Manufacturer License, you must show 6 months of work experience as a Pumper, Portable Toilet Operator or a Manufacturer. Types of work experience: pumper technician, wastewater treatment facility operator, assisting in the servicing portable toilets, manufacturing, and/or setting septic tanks. Other work experience will be taken into consideration.

Please note: If you currently hold a basic installer license with the AOWB for a minimum of 6 months, the work experience requirement will be waived.

APPLICATION FOR ELIGIBILITY TO OBTAIN LICENSE

RETURN TO:

ALABAMA ONSITE WASTEWATER BOARD

P.O. BOX 303552

Montgomery AL 36130

www.aowb.alabama.gov

fax: 334-353-0122

ENTER LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER BELOW

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PRINT ALL INFORMATION LEGIBLY

License applying for: Circle One: (Basic Installer) (Pumper) (Portable Toilet) (Manufacturer)				
Full Name: _____ First Middle Last				
Mailing Address: _____ House or Apartment Number Street				
City	State	County	Zip Code	E-mail
Telephone Number: Home (____) _____ Cell (____) _____ Work (____) _____ Area Code Area Code Area Code				
<i>The following information is required for governmental reporting or record keeping purposes:</i>				
Date of Birth: _____ Month Day Year			Sex: (check one) () Male () Female	
Race: (check one) () White () Black () Hispanic () Asian () Native Hawaiian or Pacific Islander () American Indian or Alaskan () Two or More Races () Do Not Wish to Respond				
Education High School Diploma or GED () Yes () No		Circle the highest grade of School completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4		

3. Employer				Your Official Job Title	
Address				Type of Business	
FROM Month Year _____	TO Month Year _____	Total Months Worked _____	Number of Hours Per Week _____	Phone Number _____	
Name/Title of Employees You Supervised On a Continuing Basis			Equipment You Operated		
Name, Title and Phone Number of Supervisor			Reason for Leaving		
Describe your Duties in Detail					

4. Employer				Your Official Job Title	
Address				Type of Business	
FROM Month Year _____	TO Month Year _____	Total Months Worked _____	Number of Hours Per Week _____	Phone Number _____	
Name/Title of Employees You Supervised On a Continuing Basis			Equipment You Operated		
Name, Title and Phone Number of Supervisor			Reason for Leaving		
Describe your Duties in Detail					

5. USING THE ABOVE FORMAT, SHOW OTHER EXPERIENCES BY USING ADDITIONAL SHEETS IF NEED