

## APPLICATION TO BE PLACED ON INACTIVE ROSTER

Current License Year: \_\_\_\_\_

AOWB License Number: \_\_\_\_\_

Please type or clearly print all information.

TYPE OF INACTIVE ROSTER DESIRING TO BE PLACED ON: (check all that apply)

\_\_\_\_\_ Basic Level Installer

\_\_\_\_\_ Pumper

\_\_\_\_\_ Advanced Level I Installer

\_\_\_\_\_ Advanced Level II Installer

\_\_\_\_\_ Manufacturer

\_\_\_\_\_ Portable Toilet Operator

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE AND LOCATION OF CONTINUING EDUCATION CLASSES RECEIVED FOR CURRENT LICENSE YEAR:

DATE	LOCATION	SPONSOR

**Applicants Statement:** I hereby certify that there are no outstanding warrants issued against me in any county for work or services performed in the septic tank or onsite wastewater industry. I also hereby certify that all information provided is true and correct to the best of my knowledge and is given for the purpose of being placed on the inactive roster from the Alabama Onsite Wastewater Board under the provisions of the *Code of Alabama, 1975, '34-21 a-1, et seq.* **I understand that this application is my request to be placed on the inactive roster for the current calendar year. To be eligible for placement on the inactive roster for the upcoming calendar year, I must obtain continuing education as if I were licensed. If at such time I desire to become licensed, I will contact the AOWB and provide proof of my surety bond, continuing education hours and pay annual license fees.** I understand that each license has a (\$100.00) non-refundable application fee.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Licensee