



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 the 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: *installing septic tanks, and/or working with a basic installer.*

Please note: if you currently hold a license with the AOWB as a pumper, portable toilet operator, or manufacturer for at least 12 months, the work experience 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 accepted: *pumper technician, assisting in the servicing of portable toilets, manufacturing, and/or setting septic tanks.*

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.



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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: _____			Sex: (check one) () Male () Female	
Month	Day	Year		
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		Circle the highest grade of School completed		
High School Diploma or GED () Yes () No		1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4		

AOWB-045-ELIG/10-2020

PROVIDE INFORMATION ON ALL SCHOOLS ATTENDED. SPECIFY UNDERGRADUATE OR GRADUATE WORK. IF ONLINE, INDICATE BY * ASTERISK

Name and Location of School	Dates of Attendance		Credit Hours		Did You		Type of Degree and Date	Major
	Month/Year From	To	Earned Sem.	Graduate? Qtr.	Yes	No		
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

PROFESSIONAL LICENSE OR CERTIFICATE

License/Certificate Issued By:	Field/Trade/Specialization	License/Certificate No.	Issue Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST OF COURSES SUCCESSFULLY COMPLETED (AND HOURS EARNED) WHICH ARE PARTICULARLY RELATED TO POSITION. (attach additional pages if needed)

List three independent persons, not relatives or present employer, who know you well enough to give information on you.

Name	Address and Phone Number	Employer
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK HISTORY

THIS SECTION MUST BE COMPLETED REGARDLESS OF WHETHER OR NOT A RESUME IS ATTACHED

Begin with your PRESENT or most recent employment. List in REVERSE ORDER periods of employment. **Each time you changed jobs, or your title changed be listed as a separate period.** DESCRIBE IN DETAIL ALL DUTIES.

CERTIFICATION STATEMENT

I hereby certify, under penalty of perjury, that all statements on or attached to this application are true, correct, and complete. I understand that all information on this application is subject to verification and I consent to employment checks with all previous employers.

Signature _____ Date _____

1. Current or Last Employer				Your Official Job Title	
Address				Type of Business	
FROM Month	Year	TO Month	Year	Total Months Worked	Number of Hours Per Week
_____	_____	_____	_____	_____	_____
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					

2. Employer				Your Official Job Title	
Address				Type of Business	
FROM Month	Year	TO Month	Year	Total Months Worked	Number of Hours Per Week
_____	_____	_____	_____	_____	_____
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					

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