



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. Incomplete applications will be returned.

To be eligible to attend initial training and take the exam for Basic Installer License, you must show 12 months of work experience for the basic installer; A signed application by employer. Types of work experience accepted: installing septic tanks, and/or working with a basic installer within the last 5 years.

Please complete the application in its entirety as incomplete applications will be returned.

HOW TO COMPLETE APPLICATION:

***YOU – THE INDIVIDUAL APPLYING FILLS OUT THE FIRST PAGE.
PAGE 2 IS YOUR EMPLOYMENT VERIFICATION – THIS MUST BE COMPLETED BY
THE LICENSEE YOU WORKED FOR IN THE PAST. YOU NEED 12 MONTHS OF
EXPERIENCE, SO YOU MAY HAVE TO HAVE MORE THAN ONE FORM.
PAGE 3 USE AS DIRECTED FOR MULTIPLE VERIFICATIONS.***

Email completed application to hannah.hollon@aowb.alabama.gov or mail to:

**AOWB
PO Box 303552
Montgomery, AL 36130-3352**



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RETURN ELIGIBILITY APPLICATION TO:

**ALABAMA ONSITE WASTEWATER BOARD
P.O. BOX 303552
MONTGOMERY, AL 36130
OR EMAIL:**

hannah.hollon@aowb.alabama.gov

PRINT ALL INFORMATION LEGIBLY

BASIC INSTALLER ELIGIBILITY APPLICATION

FULL SOCIAL SECURITY NUMBER: _____

FULL LEGAL NAME: _____
FIRST MIDDLE LAST

MAILING ADDRESS: _____
STREET CITY STATE ZIP

EMAIL: _____
REQUIRED

TELEPHONE/CELL NUMBER: _____

DRIVERS LICENSE NUMBER: _____ **(PLEASE INCLUDE COPY OF DRIVERS LICENSE)**

The following information is required for governmental reporting or record keeping purposes:

Date of Birth: _____ **Gender:** _____
Month Day Year 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

PROFESSIONAL LICENSE OR CERTIFICATE HELD: PLEASE ATTACH COPY OF LICENSE

License/Certificate Issued by: Field/Trade/Specialization License/Certificate Number Issue Date Exp. Date



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**EMPLOYMENT SHOULD BE WITHIN THE LAST 5 YEARS
YOU WILL NEED ONE OF THESE FORMS FOR EACH VERIFICATION**

Full Name of Individual Making Application _____

Applicant Address _____

Applicant Phone# _____

TO THE VERIFYING LICENSED INSTALLER: THE ABOVE INDIVIDUAL IS SUBMITTING APPLICATION TO OBTAIN TRAINING AND TAKE THE EXAM FOR THE BASIC INSTALLER LICENSE IN THE STATE OF ALABAMA. THE INFORMATION REQUESTED IS INTENDED ONLY FOR THE USE OF OFFICIALS OF THE ALABAMA ONSITE WASTEWATER BOARD. INDIVIDUALS ARE REQUIRED TO HAVE 12 MONTHS EXPERIENCE IN THE ONSITE WASTEWATER INDUSTRY AND SHALL HAVE WORKED ON NO LESS THAN 5 BASIC ONSITE SYSTEMS IN ORDER TO QUALIFY FOR TRAINING AND EXAM. THE SYSTEMS INSTALLED ARE BASED UPON YOUR PERSONAL KNOWLEDGE OR YOUR SUPERVISION.

PERMIT # OF SYSTEM	LOCATION OF SYSTEM (COUNTY ONLY) This info will be confirmed with LHD

DATES OF EMPLOYMENT FOR APPLICANT: _____

WAS PERFORMANCE OF THE ABOVE REFERENCED ONSITE SEWAGE SYSTEM SATISFACTORY?

YES: _____ NO: _____

PLEASE PROVIDE THE ROLE THE APPLICANT PLAYED IN THE ABOVE REFERENCED PROJECTS: (SET TANK, INSTALLED CHAMBER, SHOT GRADE...ETC.) _____

LICENSED PERSON COMPLETING JOB REFERENCE INFORMATION

NOTE: The foregoing is my best opinion, and given as such, as a matter of courtesy and for which no responsibility, in any way is attached to the writer.

Date

Signature

AOWB License Number

Contact Number

Printed Name

Address



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EMPLOYEMENT VERIFICATION FORM FOR BASIC INSTALLER

****Employment should be within the last 5 years***

(APPLICATIONS FOR EMPLOYMENT VERIFICATION OLDER THAN 5 YRS. WILL BE REJECTED)

12 months experience for installation

COMPANY NAME: _____

COMPANY TELEPHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

If company is no longer in business, please provide documentation in the form of copy of w-2 or 1099.

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