



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 Pumper, Manufacturer or Portable Restroom License, you must show 6 months of work experience; a signed application by employer.

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

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

AOWB
PO Box 303552
Montgomery, AL 36130



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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

LICENSE APPLYING FOR: PUMPER _____ **MANUFACTURER** _____ **PORTABLE RESTROOM** _____

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 LICENSEE: THE ABOVE INDIVIDUAL IS SUBMITTING APPLICATION TO OBTAIN TRAINING AND TAKE THE EXAM FOR THE PUMPER, MANUFACTURER OR PORTABLE RESTROOM 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 6 MONTHS EXPERIENCE IN THE ONSITE WASTEWATER INDUSTRY AND SHALL HAVE WORKED PUMPING, OR MANUFACTURING ONSITE SEWAGE SYSTEMS. WORK PERFORMED IS BASED UPON YOUR PERSONAL KNOWLEDGE OR YOUR SUPERVISION.

DATES OF EMPLOYMENT FOR APPLICANT: _____

WAS PERFORMANCE OF THE ABOVE REFERENCED INDIVIDUAL SATISFACTORY?

YES: _____ NO: _____

PLEASE PROVIDE THE ROLE THE APPLICANT PLAYED WHILE IN YOUR EMPLOYMENT:

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: PUMPER, MANUFACTURER OR PORTABLE RESTROOM

****Employment should be within the last 5 years***
(APPLICATIONS FOR EMPLOYMENT VERIFICATION OLDER THAN 5 YRS. WILL BE REJECTED)

6 months experience for PUMPER, MANUFACTURER OR PORTABLE RESTROOM

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.

COMPANY NAME: _____

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