

**SECTION III – ADVANCED LEVEL I INSTALLER APPLICATION**

**LICENSEES MUST HAVE THIS COMPLETED and SUBMITTED BEFORE ATTENDING TRAINING/EXAM**

**IMPORTANT INSTRUCTIONS TO COUNTY HEALTH DEPARTMENT PERSONNEL COMPLETING THIS FORM:**

This form is used for applicants seeking to become licensed as an **Advanced Level I Installer**. Please answer all questions. Contact the Alabama Onsite Wastewater Board for additional assistance (if needed) at 334-353-9250.

**BASED ON INFORMATION YOU MAY HAVE ON FILE, (LHD), PLEASE ANSWER THE FOLLOWING QUESTIONS**

**REGARDING:** \_\_\_\_\_ **(NAME OF APPLICANT).**

**BASIC INSTALLER LICENSE #** \_\_\_\_\_

Based on past work history with the above-named applicant, has the applicant remained in "Good Standing" with the county health department's rules and regulations? \_\_\_\_\_ Yes \_\_\_\_\_ No

**ENVIRONMENTALIST: PLEASE ASSIST LICENSEE IN SUBMITTING PROOF OF 5 BASIC SYSTEMS INSTALLED. (COPIES OF PERMITS OR CEP-5'S ARE ACCEPTED) TRAINING/EXAM WILL NOT BE APPROVED UNLESS PROOF OF SYSTEMS ARE SUBMITTED.**

To your knowledge:

1. Have you ever inspected an installation performed or supervised by this person and **not** issued final approval of work inspected because of any uncorrected, faulty installation? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Has this person been cited by this health department for violation of any rules and regulations of the ADPH, (or of Jefferson County) as may be applicable? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. If the answer to question #2 is "yes", has this person failed to perform the necessary correction of the violation? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Has this person failed to comply with any regulation that might pertain to the area of onsite wastewater sewage system installation? If so, has this issue been resolved? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Does this person have outstanding warrants for the improper or illegal installation of an onsite wastewater sewage system? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Does this person have any outstanding CEP-5's that are due to the LHD? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of County Health Department: \_\_\_\_\_

Address of County Environmental Division: \_\_\_\_\_

Telephone Number of Environmental Division (\_\_\_\_) \_\_\_\_\_

Name of County Health Department Official certifying this form: \_\_\_\_\_ **(please print)**

\_\_\_\_\_  
Signature of County Health Department Official

\_\_\_\_\_  
Date