



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 Operator License, you must show **6 months of work experience** and a signed application by employer.

Take the **Section II** form to your local county health department for your local environmentalist to complete.

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

CELL NUMBER : _____ DRIVERS LICENSE NUMBER : _____
(PLEASE INCLUDE A COPY OF DRIVERS LICENSE)

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

Date of Birth : _____ Gender : ☐ Male ☐ Female
Month Day Year

Race (check one) : ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Hawaiian/Pacific Islander
☐ American Indian /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 A 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 _____

TO THE VERIFYING LICENSEE: THE ABOVE INDIVIDUAL IS SUBMITTING APPLICATION TO OBTAIN TRAINING AND TAKE THE EXAM FOR PUMPER, MANUFACTURER, OR PORTABLE RESTROOM OPERATOR 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 OF THE APPLICANT: _____

WAS THE PERFORMANCE OF THE INDIVIDUAL REFERENCED ABOVE SATISFACTORY?

YES ☐ NO ☐

PLEASE PROVIDE A DESCRIPTION OF THE ROLES AND TASKS THE APPLICANT PERFORMED WHILE IN YOUR EMPLOYMENT?

LICENSED PERSON COMPLETEING 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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EMPLOYMENT VERIFICATION FORM FOR: PUMPER, MANUFACTURER, OR PORTABLE RESTROOM OPERATOR

****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 OPERATOR

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: _____

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: _____

COMPANY TELEPHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

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COMPANY NAME: _____

COMPANY TELEPHONE NUMBER: _____

DATES OF EMPLOYMENT: _____

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SECTION II - TO BE COMPLETED BY APPLICANT'S BASE COUNTY HEALTH DEPARTMENT ENVIRONMENTALIST



IMPORTANT INSTRUCTIONS TO COUNTY HEALTH DEPARTMENT ENVIRONMENTALIST:

***This form is used for installers, pumpers, and tank manufacturers. If any question below does not apply to the work of this individual (i.e., applicant is a pumper only and the question relates to system installation), do not answer the question.

***If any answer to questions No. 1 through 8 below is "YES", provide on a separate sheet the details of any unfavorable report on file that is the basis of your response. Attach documentation from your health department files if any unfavorable response is provided on this form.

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

REGARDING: _____ (NAME OF APPLICANT).

Is the above-named applicant known to you? ☐ Yes ☐ No

In which areas of the following have you known this person to do onsite wastewater system work?

(CHECK ALL THAT APPLY)

☐ Installation ☐ System Repair ☐ Pumping/Cleaning ☐ Tank Manufacturing ☐ Not known

To your knowledge:

1. Has this person installed an onsite wastewater system without first having obtained the required permit for the installation? ☐ Yes ☐ No
2. Have you ever inspected an installation performed or supervised by this person and not issued the final approval of work inspected because of any uncorrected or faulty installation? ☐ Yes ☐ No
3. Has this person been cited by this health department for violation of any rules / regulations of the ADPH, ADEM (or of Jefferson County) as may be applicable? ☐ Yes ☐ No
4. If the answer to No. 3 is "yes", has this person failed to perform the necessary correction of the violation? ☐ Yes ☐ No
5. Has this person been reported for performing any illegal acts regarding sewage disposal? ☐ Yes ☐ No
6. Has this person pumped or transported sewage with a pump truck that was not properly permitted by the health department? ☐ Yes ☐ No
7. Has this person failed to comply with any regulation that might pertain to the area of onsite wastewater systems or for illegal sewage disposal? ☐ Yes ☐ No
8. Does this person have outstanding warrants for the improper or illegal installation of an onsite wastewater system or for illegal sewage disposal? ☐ Yes ☐ No

Name of County Health Department: _____

Name and phone number of County Health Department Official completing this form:

_____ Phone number _____ Name (please print)

Signature of County Health Department Official

Date