



Cowlitz County Health & Human Services Departments

Environmental Health Unit
207 Fourth Avenue North, Kelso, WA 98626
TEL (360) 414-5599 FAX (360) 425-7531
www.co.cowlitz.wa.us/hhs

CERTIFICATE OF COMPETENCY APPLICATION
- SEWAGE DISPOSAL SYSTEM INSTALLER/O&M PROVIDER -

Firm Name: _____

Address: _____ City _____

State: _____ Zip: _____ Phone No.: _____

Email Address: _____ Fax No. _____

Applicant Name: _____

- Installer* Pumper O & M Provider Level I** O & M Provider Level II

Applicant is: Owner Supervisor/Manager Non-supervisory or Non-managerial employee

Installers/Pumpers/O & M Providers:

- 1) State Contractor License Number: _____
- 2) State Contractor License Expiration Date: _____
- 3) Current Insurance Bond Information (enclose copy of policies): _____
- 4) ***Please list each proprietary product you intend to service: _____

ENCLOSE A COPY OF YOUR CURRENT (UNEXPIRED) LICENSE

Applicant Signature

Date

*** FOR LICENSE RENEWAL – EACH INSTALLER/ OM PROVIDER MUST SHOW PROOF OF Continuing Education Units (CEU) (6 Classroom Hours) PER YEAR**

** Must submit certification of passing test from WOSSA, if new provider.

*** Must submit certification of competency for each proprietary product

For more information, contact OMseptic@co.cowlitz.wa.us. Permit intake and issuance hours are Monday through Thursday, 7:30 am – 5:30 pm.