CLARKE DECATUR

# ENVIRONMENTAL HEATLH SERVICES

## Contractor Registration Form

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| **\*COMPANY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\*BUSINESS PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*OWNER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | **CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*ADDRESS OF BUSINESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\*CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\*STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_\_** |
| Insurance Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Workforce Development Registered Contractor: Y/N |
| Provider Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CIOWTS Certified: Y/N TOT Inspector: #\_\_\_\_\_\_\_\_\_ |
|  |
| **\*EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |
| *\*Septic/Onsite courses/CEU’s obtained---Between: January 1,\*\*\*\* to December 31, \*\*\*\* ( of current year)* |
|  |
|  |
| **Type of work you have previously performed:** |
| Sub-Surface Sandfilter |  |  | Laterals Narrow/Wide chambers |  |  |
| Mechanical System |  |  | Wetlands |  |  |
| Textile Filter/Advantex  |  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_List |  |  |
| Mound System |  |  |  |  |  |
| Peat/Cocoa Filters |  |  |  |  |  |
|  |  |  |  |
| Are you a trained service provider: Y/N which types: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (must list & attach certificate) |
|  |
| Do you want to be listed on our Public Contractor list for BOTH counties? Y/N (This list is available on our website) |

*These counties are governed by the Iowa Administrative Code Section 567; Chapter 69 On-site Wastewater Treatment and Disposal Systems and I agree to adhere to the guidelines set forth by the County Administrative Authority and Iowa Department of Natural Resources. I further agree to participate in required meetings and training to be registered as installer of on-site wastewater systems and continuing education courses to maintain registration for installing on-site wastewater systems.*

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Make check to: Clarke County Treasurer FEE: $50.00 first time/ $25 re-register**

**Mail check and Form completed to: Clarke County Environmental Health**

 **144 West Jefferson St.**

 **Osceola, IA 50213**

\*\* This form is valid for 5 years- You are responsible to update your information if it changes. You are responsible for submitting your CEU’s. If you do not complete your CEU’s prior to April 1st of the year and you do not receive approval from Clarke County Environmental Health staff if you are scheduled after April 1st, you will be removed from our list for the current year and will remain off until April 1st of the following year when the list is updated.