

Application Certified Pumper

CERTIFICATION (License): New Renewal Update Contact Info

Please print – Any incomplete application will be returned to the applicant and certification/renewal may expire during processing period.

Applicant _____ License #: _____

Company _____

Company Mailing Address _____

Company Telephone _____ Cellular Number _____

Email Address _____

REQUIREMENTS (MS Code of 1972, Annotated 41-67-39)

New:

1. Complete and return application with \$162.50 fee (examination fee plus study material)
2. Attend the Mississippi State Department Health 1-day training course with exam
3. Receive examination score (Letter)

Pass

- a) Submit valid General Business Liability insurance policy
- b) Submit \$150.00 fee (certification fee)
- c) Vehicle Inspection Form
- d) Letter of disposal from Mississippi Department of Environmental Quality permitted facility

Fail

- a) Complete and return Application
- b) Submit \$130.00 fee (examination fee)

Renewal:

1. Complete and return Application with \$150.00 fee (certification fee)
2. Submit valid General Business Liability insurance policy (\$50,000 per occurrence and at least \$100,000 in total aggregate)
3. Submit proof of CEU/PDH hours taken with appropriate fee
4. Submit a copy of vehicle inspection form and vehicle inspection fee
5. Submit letter of disposal from Mississippi Department of Environmental Quality permitted facility
6. If this application is submitted after September 30th, a late fee of ½ the Certificate fee is required

ATTESTATION – I attest and certify that all information submitted is accurate and correct to the best of my knowledge.

Signature _____ Date _____

Mississippi State Department of Health

Division of On-site Wastewater

P.O. Box 1700

Jackson, MS 39215

www.healthymys.com/wastewater

OFFICE USE ONLY

Examination/Renewal Pass Fail Copy of CEU/PDH documentation

Copy of Insurance Policy Expiration Date: _____

Copy of Vehicle Inspection Letter of disposal

Remittance of Fee: \$ _____

Check M/O Credit/Debit

Certification No. CP - _____ Date: _____

Application

Certified Pumper

Form 459 E

PURPOSE

To provide an application for any person who wishes to receive certification to pump and clean Individual On-site Wastewater Disposal Systems, lift stations, holding tanks, portable toilet and grease traps.

INSTRUCTIONS

Type

1. Check appropriate box New, Renewal or Update Contact Info

Applicant

2. Applicant – Enter name applying for certification
3. Company – Enter the name under which the Applicant’s business operates
4. Company Mailing Address – Enter mailing address of the company
5. Company Telephone – Enter the company’s telephone number
6. Cellular Number – Enter you cellular number.
7. Applicant’s Cellular Number – Enter the applicant’s cellular number
8. Email Address – Enter Applicant’s email address or company’s email address

Attestation

9. Signature – Applicant’s name
10. Date – Enter the day the application was signed

Office Use

11. Check box: Pass, Fail or Copy of CEU/PDH Documentation
12. Check box: Copy of Insurance Policy
13. Enter the date Insurance expires
14. Check box: Copy of Vehicle Inspection form
15. Check box: Letter of disposal from Mississippi Department of Environmental Quality permitted facility
16. Check box: Remittance of Fee and write in amount
17. Check box: Check, Money Order or Credit/Debit
18. Certification No. – Automatically assigned by the wastewater computer program to Applicant
19. Date – Enter date application is received

OFFICE MECHANICS AND FILING

From the Division, the Special Project Officer verifies the information received from the Applicant, then enters the data in the wastewater computer program, prints the certificate, and deposits monies received. The Special Project Officer then mails the certificate to the Applicant.

RETENTION PERIOD

The Division of On-site Wastewater will retain the Application for 3 years or until audited.