



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Please complete this form **ONLY** if you wish to sit for a CEU Exam

EXAM OPTIONS (CHOOSE ONE)

- Certification/Administrative/Law
- Septic Tanks/ATS/Pump Tanks
- Underground/Subsurface Drip/Elevated Sand Mound
- Overland Discharge/Spray Irrigation/Disinfection

Preferred Date: June 14, 2017 June 15, 2017

Print Name: _____

License Number: _____

Signature: _____

Please return this form and the fee of \$130 (as a check or money order made payable “Mississippi State Department of Health” or “MSDH”) to the below address.