



DEPARTMENT OF BUILDING AND PLANNING

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Board of County Commissioners
Michael A. Karnofski District 1
George Raiter District 2
James Misner District 3

SEWAGE DISPOSAL SYSTEM

CERTIFICATE OF COMPETENCY APPLICATION

Firm Name: _____

Address: _____ City _____

State: _____ Zip: _____ Phone No: _____

Email Address: _____ Fax#: _____

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) CONTRACTOR LICENSE

Applicant Signature

Date

* **FOR LICENSE RENEWAL - EACH INSTALLER MUST SHOW PROOF OF 1 CEU EACH YEAR (6 Classroom Hours)**

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

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