



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Verification of Subsurface Sewage System Installer Licensure

To be exempt from completing 4 required Verification of Experience Forms, the applicant must demonstrate that they hold a valid license in one other jurisdiction whose licensing standards are equal to or higher than those of Connecticut and be licensed for a period of no less than 4 years. Please return form to: DPH.EHLicensing@ct.gov

TO BE COMPLETED BY APPLICANT

Applicant: Complete the top portion of this form and forward to the jurisdiction where you have been licensed, certified or registered as a Subsurface Sewage Disposal System (a.k.a. Septic System) Installer for no less than 4 years.

Name: First Middle Last

Address: No. & Street City State Zip Code

Other Jurisdiction's License Number: Date issued: (by other jurisdiction)

I hereby authorize the Licensing Agency/Department to release the below information.

Applicant Signature: Date:

TO BE COMPLETED BY OTHER LICENSING JURISDICTION

Name of Licensing Agency/Department: State:

This is to certify that the above named individual holds license number to practice as a(n) in the jurisdiction of county/state/town/district

Has the applicant been licensed for a period of no less than 4 years? YES NO

License Status: Active Lapsed Probation/Suspension Date license expires:

Basis for Subsurface Sewage Installer licensure in your jurisdiction: Endorsement Examination

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? YES NO

If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

Name: Title:

E-Mail: Telephone:

Signature: Date:

Please return form to: DPH.EHLicensing@ct.gov

OR
Env. Practitioner Licensure, CT DPH, 410 Capitol Ave.
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Hartford, CT 06134

