

**ALABAMA ONSITE WASTEWATER BOARD APPLICATION FOR 2024 LICENSE**  
**THIS PAGE TO BE COMPLETED BY THE LICENSE APPLICANT**



**TYPE OF LICENSE APPLYING FOR:**

Basic Level Installer \_\_\_\_\_ Manufacturer \_\_\_\_\_ Advanced Level I Installer \_\_\_\_\_  
 Portable Toilet License \_\_\_\_\_ Pumper \_\_\_\_\_ Advanced Level II Installer \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DOB \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ GENDER \_\_\_\_\_ RACE \_\_\_\_\_

**BUSINESS INFORMATION**

NAME OF BUSINESS FOR WHICH YOU WILL PERFORM ONSITE WASTEWATER SYSTEM WORK: \_\_\_\_\_

BUSINESS ADDR. \_\_\_\_\_ PHYSICAL ADDR. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ALABAMA COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE# (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE# (\_\_\_\_\_) \_\_\_\_\_

**WORK EXPERIENCE**

**BUSINESS EXPERIENCE**

Employer	Job Title	Duties	Type of Business	# of years

**DATE AND LOCATION OF TRAININGS/TESTINGS RECEIVED TO DATE: (complete all that apply)**

Type of Training	Training Date	Sponsor and Location of Training
Basic Level Installer Training		
Pumper Training		
Portable Toilet Training		
Manufacture Training		
Advanced Level I Training		
Advanced Level II Training		

**Applicants Statement:** I hereby certify that there are no outstanding warrants issued against me in any county for work or services performed in the septic tank or onsite wastewater industry. I also hereby certify that all information provided is true and correct to the best of my knowledge and is given for the purpose of obtaining a license from the Alabama Onsite Wastewater Board under the provisions of the *Code of Alabama, 1975, '34-21A-1, et seq.* **I understand that this application is for a license which will expire December 31, 2024. I have enclosed a check or money order made payable to the AOWB for the \$50.00 non-refundable application processing fee along with the license fee. One check for both fees is acceptable.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_