

Application for Continuing Education Certificate

Current Certificate Year - _____

Last Name _____ First Name _____ MI

Mailing Address _____

City _____ State _____ Zip Code _____

Phone# _____ Social Security # _____

DOB _____

Date and location of training received to date.

Training	Date	Location
Continuing Education		

Date _____

Signature of Applicant _____

Send completed application along with \$25.00 fee to:

Alabama Onsite Wastewater Board

450 South Union Street

Montgomery AL. 36104