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FOR OFFICIAL USE ONLY

Accepted By:

License #:

Date Processed:

Receipt #:

**ON-SITE SEWAGE INSTALLER \$115
License Application Form**

The Installer License is Valid from June 1st to May 31st of each calendar year.

Incomplete applications will not be accepted and will be sent back.

The license fee is non-refundable.

Applicant Information

Business Name:

Owners Name:

Mailing Address (City, State, Zip):

Business Phone Number:

Cell Phone Number:

Email Address (required):

Business Required Information

Valid Contractors License ID#:

Certificate of Liability Insurance Copy Submitted ☐\$12,000.00 general contractor bond or \$6,000.00 specialty bond Copy Submitted ☐Do You Provide Operation and Maintenance Services: ☐ Yes ☐ NoWould you like to be on an O&M Providers List: ☐ Yes ☐ No

I certify that the information provided is accurate and correct. I agree to comply with Washington State and Kittitas County Environmental Public Health and other applicable regulations regarding the above-named business.

Signature:

Date: