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FOR OFFICIAL USE ONLY

Accepted By:
 License #:
 Date Processed:
 Receipt #:

**ON-SITE SEWAGE INSTALLER
 License Application Form (\$130)**

The Installer License is Valid from June 1st to May 31st of each calendar year.
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):	
Master Installers	
If you are the Owner/Contractor in Kittitas County you are required to be licensed as a master installer, and all your employees who install OSS systems are required to be licensed as associate installers if you do not directly supervise each installation. Please make immediate arrangements for Kittitas County Installer Testing, if needed.	
Names of associate installers who will be engaging in the installation of On-Site Sewage disposal systems	
1.	4.
2.	5.
3.	6.
Business Required Information	
Valid Contractors License Copy Submitted	
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 No	
Would 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: _____