



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Verification of Subsurface Sewage System Installer Licensure

In order to be exempt from completing the four (4) required Verification of Experience Forms for Connecticut licensure, the other state's licensing standards must be equal to or higher than those of CT.

TO BE COMPLETED BY APPLICANT

Applicant: Complete the top portion of this form and forward one to each state where you have been licensed, certified or registered as a Subsurface Sewage Disposal System (a.k.a. Septic System) Installer.

Name: _____

First

Middle

Last

Address: _____

No. & Street

City

State

Zip Code

Other State's License Number: _____ Date issued: _____ (in the state to which the form is being forwarded)

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

Applicant Signature: _____ Date: _____

TO BE COMPLETED BY LICENSING AGENCY

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 (circle one) county/state/town/district of _____.

License Name

License Status: [] Active [] Lapsed [] Probation/Suspension Date license expires: _____

Basis for Subsurface Sewage Installer licensure in your county/state/town/district: [] 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

CT DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL LICENSING
410 CAPITOL AVE., MS# 12EPL
P.O. BOX 340308
HARTFORD, CT 06134-0308

