



**ONSITE WASTEWATER TREATMENT SYSTEM (OWTS)
CONTRACTOR/ CLEANER/ INSPECTOR
LICENSE APPLICATION**

76 Service Center Road · Aspen, CO · 81611
Phone: 970.920.5070 Fax: 970.920.5374

Application for:

- | | |
|--|--|
| <input type="checkbox"/> Systems Contractor (New)
Application Fee - \$25.00
Contractor Test - \$25.00 | <input type="checkbox"/> Systems Contractor (Renewal)
Application Fee - \$10.00
Contractor Test (every 3 years) - \$25.00 |
| <input type="checkbox"/> Systems Cleaner (New)
Application Fee - \$25.00
Cleaner Test - \$25.00 | <input type="checkbox"/> Systems Cleaner (Renewal)
Application Fee - \$10.00
Cleaner Test (every 3 years) - \$25.00 |
| <input type="checkbox"/> Systems Inspector (New)
Application Fee - \$50.00
Include credential information | <input type="checkbox"/> Systems Inspector (Renewal)
Application Fee - \$25.00
Include credential information |

New Applicant Check List

- Completed application
- Test or credential information
- Affidavit with notarized copy of Driver's License
- Fee(s)

Renewal Check List

- Completed application
- Affidavit with notarized copy of Driver's License
- Fee(s)
- Test, as applicable, or credential information

Please complete the following information. **Incomplete applications and applications without payment will not be accepted.**

Please print.

Name of Applicant:

Company Name:

Physical Address:

Mailing Address:

City:

State:

Zip:

Business Phone:

Cell Phone:

Email Address:

Fax #:

Primary Disposal Site (Cleaners Only):

Information regarding current Contractor/ Cleaner/ Inspector licensing status, including testing expirations, can be found at www.aspenpitkin.com under the Pitkin County Environmental Health Department's Wastewater Treatment page. Licenses will be valid from Jan. 1 - Dec. 31.

I hereby certify that I am familiar with and will comply with all requirements of the Pitkin County OWTS Regulation's standards of performance for this license. I understand that noncompliance with the requirements of the OWTS Regulation may result in the revocation of my license.

Signature of Applicant

Date

Make checks payable to:

Pitkin County Environmental Health Department

Office Use Only:

Date Processed:

Receipt #:

License #:

Test Score (if applicable):

Received By: