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

0405 Castle Creek Road, Suite 10 · Aspen, CO · 81611
Phone: 970.920.5070 Fax: 970.920.5077

Application for:

☐ Systems Contractor (New)
Application Fee - $25.00
Contractor Test - $25.00

☐ Systems Contractor (Renewal)
Application Fee - $10.00
Contractor Test (every 3 years) - $25.00

☐ Systems Cleaner (New)
Application Fee - $25.00
Cleaner Test - $25.00

☐ Systems Cleaner (Renewal)
Application Fee - $10.00
Cleaner Test (every 3 years) - $25.00

☐ Systems Inspector (New)
Application Fee - $50.00
Include credential information

☐ 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, beginning Jan. 1, 2011.

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: