

APPLICATION FOR CERTIFICATION TO:

County _____

- | | |
|---|--|
| <input type="checkbox"/> TATTOO ARTIST | <input type="checkbox"/> INSTALL ONSITE SEWAGE SYSTEMS |
| <input type="checkbox"/> FOOD SERVICE MANAGER | <input type="checkbox"/> INSPECT ONSITE SEWAGE SYSTEMS |
| <input type="checkbox"/> FOOD HANDLER | <input type="checkbox"/> OPERATE PUBLIC SWIMMING POOL |

Social Security # _____ Alternate Certificate and # _____

\$ _____ Fee Required Check Money Order Cash

Master Plumber Installer Inspector Attendant

Return Check or Money Order To:

Type: Provisional Full Certification

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____

Employer's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Facility # _____

I hereby certify that all work performed by me will be in accordance
with the requirements set forth by the cabinet for Human Resources.

Date

Signature of Applicant

Authorized Representative

Name of Local Health Dept.