# BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS & LAND SURVEYORS

## On-Site Wastewater Treatment System Inspector Certificate of Competency Application

Apply for an On-Site Wastewater Treatment System Inspector Certificate of Competency.

Online: https://professions.dol.wa.gov

Or mail this completed form with a check or money order for **\$175** payable to BRPELS:

#### Board of Registration for Professional Engineers and Land Surveyors PO Box 3777 Seattle. WA 98124-3777

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We'll review your application and email you information about the next steps. For questions or help email <u>engineers@brpels.wa.gov</u> or call: (360) 664-1575

## **Applicant information**

TYPE or PRINT Name as you would like it to appear on your license								
Full legal name (First, Middle, Last)								
Social Security number*	Date of birth (mm/dd/yyyy)		Email					
Mailing address								
City		State	ZIP code	County				
(Area code) Contact phone number								
Military? (check if applicable)								
Current or former: 🗌 Military r	nember 🛛 Military spouse	or domes	tic partner					
Present position			· · ·	Exam location preference				
*You are not required to have a Social Se	ocurity Number (SSN) or Individual	Taxpavor Ide	ntification Number (I	TIN or TIN) to apply for or be issued a				

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

X			
TYPE or PRINT Name			

Date and place

Applicant signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

## 23252-SUPPORTING