



**Benton-Franklin Health District  
Environmental Health Division**  
7102 W. Okanogan Place • Kennewick, WA 99336  
(509) 460-4200 or (800) 814-4323  
www.bfhd.wa.gov

For Office Use Only	
ACCT. #	
HSP #	

**APPLICATION FOR PERMIT-COMMERCIAL INSTALLER-SEWAGE WASTE DISPOSAL SYSTEMS**

**Instructions:** Fees: Exam \$400.00 Code 54.13 Annual Permit \$320.00 Code 54.15  
Re-Exam \$80.00 Code 54.14 Reinstatement of Permit \$320.00 Code 53.16

- This is an application for a permit to install onsite sewage systems within the Benton-Franklin Health District (BFHD) on a for hire basis. Prior to being permitted to perform this work each firm must:
  - Possess a valid Washington Department of Labor and Industries Contractors Registration. If this is a specialty registration, the specialty must be identified as "Sanitation systems and/or side sewers".
  - A person listed on the contractor's registration must have passed the "Benton-Franklin Health District Installers Examination".
  - A person having passed the "Benton-Franklin Health District Installers Examination" must be present at all sewage system installations.
- Fees are charged in accordance with the current fee schedule, and must be submitted with the application.  
**FEES PAID ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**
- This application and any subsequent approval are subject to all other applicable laws. It is the applicant's responsibility to comply with said laws. **PLEASE NOTE THIS IS NOT A PERMIT**

**SECTION 1: INFORMATION FROM APPLICANT ABOUT THE COMPANY**

<b>Name of Business</b>		<b>Date of Application</b>	
<b>Physical Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Mailing Address</b>		<b>City</b>	<b>Zip Code</b>
<b>Business e-mail</b>		<b>Business Phone</b>	<b>Emergency Phone</b>
<b>Manager Name</b>	Type of Application: <input type="checkbox"/> Exam <input type="checkbox"/> Initial Permit <input type="checkbox"/> Renewal <input type="checkbox"/> Reinstatement		
<b>Labor and Industries Contractors Registration Number</b>			
<b>Expiration Date</b>		<b>UBI Number</b>	

**SECTION 2: APPLICANT INFORMATION**  
*Only the legal owner of the business may be considered the applicant*

<b>Applicant Name</b>		<b>Daytime Phone</b>
<b>Current Mailing Address</b>		<b>City</b>
		<b>Zip Code</b>
<b>E-mail address</b>		<b>Home Phone</b>
		<b>Cell Phone</b>
<b>Others Owners/Partners</b>		

**SECTION 3: APPLICATION**

Owner/Officer Passing BFHD Exam	Date of Exam
Other Employees Passing BFHD Exam	Date of Exam
	Date of Exam
	Date of Exam
	Date of Exam

**SECTION 6: SIGNATURES**

I certify by signature that I am either the legal owner or legally authorized to sign for this business. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter/inspect said facilities and equipment at their discretion for the purposes of application evaluation, operation inspections, or any subsequent inspections

<b>Signature of Applicant</b>	<b>Printed Name/Date</b>
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Exam results	Permit Number	Date of Expiration