



West Virginia Department of Health
APPLICATION FOR ON-SITE SEWER SYSTEM
INSTALLER CERTIFICATION RENEWAL

Complete this form only if your certificate has NOT been expired for more than six (6) months.

Please Note: If the expiration date is more than six (6) months ago, you must contact the Office of Environmental Health Services and complete a new "Application for Certification as a Sewer System Installer" and pass a written exam.

DIRECTIONS FOR APPLICANT: Complete Section 1 below. Take this form to your local health department and ask the Sanitarian to complete Section 2 below.

Return the completed form and a check or money order (no cash) for \$150.00, made payable to the WV Department of Health, or pay online at https://oehs.wvdhhr.org/phs/, then indicate in the check box below that you submitted your renewal fees electronically.

Mail applications (with check or money order, if applicable) to Office of Environmental Health Services, Public Health Sanitation Division, 350 Capitol Street, Room 313 Charleston, WV 25301-3713.

Check here to indicate renewal fee was submitted electronically. And please submit a copy of the page indicating "Payment Successful".

1. TO BE COMPLETED BY THE APPLICANT - please print legibly
Name: Social Security No. (Last 4 ONLY):
Address: E-mail:
City: State: Zip Code:
County: Phone: Date of Birth:
If your address changes before your new certificate expires, please provide your updated contact information.
Do you employ one or more individuals who work in WV? Yes No
If yes, provide Federal Employer Identification Number (FEIN):
(WV Contractors License No.):
Issued to:
I do hereby make application to renew my Class Sewer System Installer Certification.
Certificate Number is: Expiration Date:
Date: Installer Signature:

2. TO BE COMPLETED BY THE LOCAL HEALTH DEPARTMENT SANITARIAN
The Health Department has recommended that the above-named Class
Septic System Installer's Certification be renewed. Sanitarian (print):
Date: Sanitarian (signature):

3. TO BE COMPLETED BY THE OFFICE OF ENVIRONMENTAL HEALTH SERVICES
Date & Initial: Approved by: Date: Wallet Card Issued:
Database Updated: Defaulted Employers List Checked:
Ck/MO/Epay.: Date: Amt.: Name:
Denied By: Date: Reason for denial: