



Musselshell, Wheatland, Judith Basin, Golden Valley & Petroleum Counties

**Subsurface Wastewater Treatment System
Certified Installer Application**

Name: _____

Date: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Years of Experience: _____

Currently licensed elsewhere: ____ Yes ____ No

Current License #: _____

License Year: _____

Licensing District Name: _____

City: _____

State: _____

Current License #: _____

License Year: _____

Licensing District Name: _____

City: _____

State: _____

For CMHD Office Use Only:

Application received by: _____

Date: _____

\$75.00 Certified Installer Fee Paid? ____ Yes ____ No

Check # _____

Date: _____

Test Date: _____

Score _____

Passed? ____ Yes ____ No

License Number: _____