Registration Form for Wastewater System Contractors

Craven County Health Department

Contractor Name: _____

State Contractor Certification # (required): _____

Company Name: _____

Company Mailing Address: _____

_____

Phone Numbers:

( )	_____	Work	( )	_____	Work #2
( )	_____	Mobile	( )	_____	Mobile# 2
( )	_____	Pager	( )	_____	Pager# 2
( )	_____	Fax	( )	_____	Fax #2

Email Address: _____

What is the name of your Job Foreman/Person in Charge?:_____

In what other counties are you registered?

_____

_____

_____

For which Innovative Systems are you certified?

- _____
- _____
- _____
- _____
- _____
- _____

How many years have you been installing systems? _____

Are you a Certified Wastewater System Operator? ☐ Yes ☐ No

Operator Certif. # _____

Have you received a copy of the CCHD Design Specifications for On-Site Wastewater Systems Handbook? ☐ Yes ☐ No

_____ _____

Signature Date

Please return this sheet to Craven County Environmental Health
P.O. Drawer 12610, New Bern, NC 28561