



Government Services

APPLICATION FOR REGISTRATION AS AN APPROVED DESIGNER

**for private sewage disposal
and water supply systems**

REGIONAL OFFICES
 St. John's (709) 729-0485
 Harbour Grace (709) 945-3107
 Clarenville (709) 466-4060
 Gander (709) 256-1420
 Grand Falls-Windsor (709) 292-4206
 Corner Brook (709) 637-2204
 Happy Valley/Goose Bay (709) 896-5428

1. ALL APPLICANTS ARE REQUIRED TO COMPLETE SECTION 1

NAME		
ADDRESS		
TOWN/CITY	PROVINCE	POSTAL CODE
COMPANY AFFILIATION		
BUSINESS ADDRESS		
TOWN/CITY	PROVINCE	POSTAL CODE
BUSINESS TELEPHONE	HOME TELEPHONE	FAX
E-MAIL		

2. TO BE COMPLETED BY CATEGORY I APPLICANTS ONLY

REGISTRATION NUMBER
<input type="checkbox"/> CERTIFIED PUBLIC HEALTH INSPECTOR <input type="checkbox"/> PROFESSIONAL ENGINEER <input type="checkbox"/> CERTIFIED ENGINEERING TECHNOLOGIST <input type="checkbox"/> CERTIFIED TECHNICIAN

3. TO BE COMPLETED BY CATEGORY II APPLICANTS ONLY

EDUCATION:	
<input type="checkbox"/> PUBLIC SCHOOL	HIGHEST GRADE COMPLETED _____
<input type="checkbox"/> UNIVERSITY	DEGREE COMPLETED OR YEAR LEVEL/MAJOR _____
<input type="checkbox"/> TECHNICAL/VOCATIONAL SCHOOL	CERTIFICATE/DIPLOMA OR YEARS COMPLETED _____
EXPERIENCE (Related to on-site sewage disposal) _____	

I certify that the information is accurate and that if registered I will perform the related duties to the minimum standards set out in the applicable regulations, policies and standards of practise:

 SIGNATURE

 DATE

FOR OFFICE USE ONLY	
APPLICATION REVIEWED BY _____	DATE _____
REGISTRATION NUMBER _____	CATEGORY II: TEST RESULTS: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL