

Santa Cruz County Health Services Agency  
Environmental Health Service  
701 Ocean Street - Room 312, Santa Cruz, CA 95060

**APPLICATION FOR CERTIFICATION  
ONSITE SEWAGE SYSTEM SERVICE PROVIDER (OSSP)  
CERTIFICATION PERIOD: January 1, 2013 – December 31, 2013  
FEE - \$212**

**Submit completed form and attach required information.**

Check One:  **Initial OSSP Application**  **OSSP Renewal Application**

Applicant Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City & Zip Code: \_\_\_\_\_

Please place my name on a list of certified OSSPs for public referral:  Yes  No

Attach documentation of all on-site sewage system monitoring and maintenance training and manufacturer certification you have completed. **Manufacturer certification must be current.** List addresses with Assessors Parcel Numbers for all properties with which you have an existing service agreement. *(Attach an additional sheet if necessary):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Certification Renewal Applicants:** I have submitted all required reports of my OSSP activities during the year prior to this certification renewal application to Public Health:  Yes  No

I am familiar with the requirements of Santa Cruz County Environmental Health Regulations, Policies and Procedures governing the design, installation and maintenance of on-site sewage systems and agree to maintain those systems in accordance with these requirements.

I understand that failure to comply with these requirements may result in immediate suspension or revocation of my certification by Santa Cruz County.

I certify to the best of my knowledge and belief that the above information is true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY:**

Date Certification Fee Paid (fee waived for servicing of one system only) : \_\_\_\_/\_\_\_\_/\_\_\_\_

OSSP Certification:  Approved  Denied

Date of OSSP Certification Approval / Denial: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_ PGM Approval: \_\_\_\_\_