

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, 2020 – December 31, 2020
FEE - \$283**

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: _____