



## Portable Sanitation Certification Application

- TYPE OF APPLICATION:**
- Portable Sanitation Technician Trainee - nonrefundable fee of \$50
  - Portable Sanitation Technician - nonrefundable fee of \$50
  - Notification of Name/Address or Information Change. No Fee

Attach a check or money order, payable to: Illinois Department of Public Health. DO NOT SEND CASH.

Business Name \_\_\_\_\_

Business License Number \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_

City/State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Private Sewage Disposal Pumping Contractor License Number 054 - \_\_\_\_\_

ATTACH CURRENT  
2" X 2"  
HEAD AND SHOULDERS  
COLOR PHOTOGRAPH  
HERE

No Hat or Dark Glasses

**REMEMBER TO SIGN AND DATE**

I hereby certify, under penalty of perjury, that issues of court ordered child support

- DO NOT apply to me or
- I AM delinquent or
- I AM NOT more than 30 days delinquent in complying with a child order support order.

**Failure to check and sign** this certification will result in the return of your application and delay in issuing your certification. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)).

\_\_\_\_\_

Applicant's Signature Date

### Technician Trainee Requirements:

Per Section 905.135 (g) of the Private Sewage Disposal Code, provide the following:

- Statement of ownership or employee of Portable Sanitation Business
- Completed approved training provided by the Portable Sanitation Business
- Attach non-refundable fee

### Technician Requirements:

Per Section 905.135 (h) of the Private Sewage Disposal Code provide the following:

- Statement of ownership or employee of Portable Sanitation Business
- Completed approved training provided by the Portable Sanitation Business
- Attach copy of the certificate of completion from a Department approved training and education course.

Course Provider \_\_\_\_\_ Date \_\_\_\_\_

- Attach non-refundable fee

Central Office Use Only

Certification Number \_\_\_\_\_

This Illinois Department of Public Health is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory.