

State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301 Phone: 603-271-2152

SEPTIC SYSTEM EVLAUATOR REINSTATMENT

\$340.00 REINSTATEMENT FEE

APPLICATION MUST BE UPDATED FROM YOUR LICENSE EXPIRATION DATE

(Check payable to "Treasurer State of NH"

1. GENERAL INFORMTION

Full Na	me:				
	Last	First	Mid	ddle	
Date of Initial Licensure:			License #:		
Resi	dence Address:				
Busine	ss Name:				
Busi	ness Address:				
Indicat	e mailing address by check bo	x			
Busine	ss Phone:	Home Ph	Home Phone:		
Email:					
		ERAL INFOMRAITON	QUESTIONS		
CHECK	ONE:				
1.	1. Have you ever been convicted of any felony or any misdemeanor, or a violation involving septic system evaluations? If so, name the court, the details of the offense and the date of conviction and the sentence imposed. Yes No				
2.	2. Have you ever lost or been denied registration/licensure as a septic system evaluator or disciplined by another licensing board in any other state and if so disciplined by another licensing board in any other state and if so, an explanation of the circumstances?				
			Yes	No	

If the answer is yes to any of the above questions, submit a written explanation with your application.

3. N H BOARD OF SEPTIC SYSTEM EVALUATORS CONTINUING EDUCATION UNIT ACTIVITY LOG

Complete the continuing education unit activity log and **include it** with your completed reinstatement application. An applicant may reinstate by providing proof of 3 units of continuing education for each year lapsed. Proof of compliance must be retained for 4 years pursuant to Administrative Rule Sep. 403.04 (d) for random audit verification. **Incomplete activity logs will result in return of your reinstatement and delay in processing of the reinstatement of your license.** Add additional log sheets if necessary.

NAME:

FROM:		To: PRESENT	LICENSE NO:	
	Date(s) or Date Range	Nature of Activity and Sponsoring Organization		CEU's for this Activity Cumulative CEU's for this Period
1		1		1

LICENSE EXPIRATION DATE

4. AFFIDAVITS

RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of New Hampshire Code of Administrative Rules Sep 500; and

I attest that the information contained in this form is true and correct to the best of my knowledge and belief and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

SIGN HERE:	
ADDRESS ALL COMMUNICATIONS TO: DA	те:
NHOPLC – TECHNICAL DIVISION 7 EAGLE SQUARE CONCORD NH 03301	

Find us on the on-line at https://www.oplc.nh.gov/board-septic-system-evaluators

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