



STATE OF NEW HAMPSHIRE
APPLICATION FOR CERTIFICATION AS A
Septic System Evaluator

\$100.00 Application Fee

The application must be filled out completely.
Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable) _____

Written Signature: _____

Residential Address _____ zip code _____

Business Name, Position/Title _____

Business Address _____
Indicate mailing address by check box zip code _____

Business Phone _____ Personal Phone _____

Email: _____ Social Security# _____

Place of Birth _____ Date of Birth _____

2. Registration/Licensure Information

See application instructions for filling out this section

Have you completed the classroom and field training of a Board approved Septic Evaluator Course? _____

Date of Course? _____ Where was course taken: _____

Name of the Provider _____

Do you currently hold a **Granite State Septic System Evaluator License**? _____ License number _____

When did you receive your license? _____ How many evaluations have you currently done? _____

Do you have a **Septic System Designer permit**? _____ What is your permit number? _____

How many Septic System Evaluations have you currently done? _____

Are you actively engaged in the **business of Septic System Evaluations**? _____

What year did you begin? _____ How many Evaluations have you done? _____

Are you or have you ever been licensed in any other State as a Septic System Evaluator? _____

If you are licensed in more than one State please list on a separate sheet if necessary the following information.

License number _____ State _____ Year certified/ licensed _____

Is this license still current? _____ If not, Why? _____

3. Affidavit of Septic System Evaluations

I have read the contents hereof and clearly understand that the correctness and truth of my statements certifying that I have completed 25 septic system evaluations as recorded in this application not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

Date

4. Professional Experience

This information described below is a summary of your employment, and should start with your first employer. Use this page as a summary and place detailed information pertaining to experience on the enclosed supplemental experience record sheet.

Dates Indicate Years From-To	1. Name of Employer 2. Location and Character of Each Position 3. Degree of Responsibility	Name and present address of someone familiar with each position, preferably person to whom applicant reported or with whom he/she was associated

6. General Information Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted of any felony or misdemeanor that has not been annulled by a court pursuant to RSA 651:5 and if not annulled, the name of the court in which the conviction occurred, the Details of the offence and the date of the conviction and the sentence imposed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied registration, certification or licensure as a septic system evaluator in any other state or country and if so, an explanation of the circumstances. | <input type="checkbox"/> | <input type="checkbox"/> |

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

7. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

ADDRESS ALL COMMUNICATIONS TO:

NHOPLC – Technical Division
121 SOUTH FRUIT STREET
CONCORD, N.H. 03301

Date

Find us on the on-line at <https://www.oplc.nh.gov/septic-evaluators/index.htm>

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8. Supplementary Experience Record In Detail

- ✓ **Read instructions carefully.** The Supplementary Experience Record is vital to the Board's evaluation of your Septic System Evaluator experience.
- ✓ **Affix** your signature and date to this and each additional sheet. Add additional sheets as required. Use plain white pages and number consecutively. Number each project and/or assignment to correspond with the key of Section 5 of your application.
- ✓ **List and identify** your projects and/or assignments in chronological order, starting with your **first evaluation and/or assignments**. Be specific in identifying the portion of the work you personally did. Identify the project by job title, name of client, location of project portion you did.
- ✓ **After you have prepared your first draft, read it critically.** Does it show a reviewer, who is not familiar with you or your job the degree of expertise you applied and verify time-wise the experience claimed in your application.

Signature _____ Date _____
(ALSO SIGN AND DATE EACH ADDITIONAL SHEET)

STATE OF NEW HAMPSHIRE BOARD OF SEPTIC SYSTEM EVALUATORS

CANDIDATE REQUIREMENTS

310-A:210 Eligibility Requirements for Licensure as a Septic System Evaluator

I. Each applicant for licensure as a Septic System Evaluator shall meet the following minimum requirements:

(a) Completion of classroom and field training at a Board approved evaluator course

(b) Proof of passing the Board-adopted examination required for licensure

(c) Be at least 18 years of age.

II. A person who currently holds a Granite State septic system certified evaluator designation or other recognized designation determined to be acceptable by the Board shall be eligible for licensure by the Board without completion of the requirements of subparagraph I(a) or I(b). An applicant under this paragraph shall be licensed by providing evidence satisfactory to the Board of such designation.

III. A person who has actively engaged in the business of septic system evaluation in this state as a means of his or her livelihood for at least 5 years and who provides the Board with a sworn affidavit that he or she has performed a minimum of 25 septic evaluations preceding the effective date of this subdivision shall be eligible for licensure by the Board without completion of the requirements of subparagraph I(a) or I(b). An application for licensure under this paragraph shall be made within one year following the effective date of this subdivision. The applicant shall be issued a license by providing evidence satisfactory to the Board of the knowledge and experience equivalent to the requirements of subparagraphs I(a) and I(b).

IV. A person who currently holds a New Hampshire septic designer permit and who provides the Board with a sworn affidavit that he or she has performed a minimum of 25 septic system evaluations preceding the effective date of this subdivision shall be issued a license by the Board without completion of the requirements of subparagraph I(a) or I(b) upon request of the applicant. An application for licensure under this paragraph shall be made within one year following the effective date of this subdivision.

V. All applicants shall meet the requirement of subparagraph I(c), pay an initial fee, and fulfill all other license application requirements.



APPLICATION INSTRUCTIONS AND CHECKLIST FOR SEPTIC SYSTEM EVALUATOR

General- Provide all the information requested on the application form. **Do Not** substitute a resume or other synopsis of your experience and/or education for any part of the application form. If additional space is needed, please photocopy that portion.

References- Make a sufficient number of copies of our **Reference Form** to send one to each of your references. Keep a blank one for your future use, in the event a reference does not respond. In addition to the reference form, you should send each of your references a **stamped** envelope on which you have placed the Board address label. Reference forms received from applicants are **not** acceptable; forms must come directly from the reference.

Notice to all applicants- Be sure you submit your application to the Board before you send out your reference forms. We must receive your application prior to receiving forms from your references. If we receive responses from your references and do not have your application on file, they may be misplaced, causing a delay in the processing of your application.

Have you:

- Marked the box on the application form indicating which address you want us to use?
- Filled in any applicable information in Section 2?
- Signed Section 3
- Filled in the detailed experience summary sheets?
- Answered the Questions in Section 6
- Signed Section 7
- Completed the “References” portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?
- Signed and dated the application?
- Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the attached credit card sheet?
- Include this Checklist with your Application

Questions filling out the application: Call (603) 271-2219 or email christine.horne@nh.gov

NHOPLC – TECHNICAL DIVISION
121 SOUTH FRUIT STREET
CONCORD NH 03301

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Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with reference letter envelopes, etc. This setup is for Avery label 5960.

THE STATE OF NEW HAMPSHIRE
BOARD OF SEPTIC SYSTEM EVALUATORS
121 SOUTH FRUIT STREET
CONCORD, NEW HAMPSHIRE 03301

Dear Sir/Madam:

An individual has applied to this Board for licensure in the State of New Hampshire as a Septic System Evaluator and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board will appreciate your sending the information requested on the reverse hereof, and assures you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a Septic System Evaluator before issuing a License. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot license the applicant until the references are returned, a prompt reply will expedite consideration of the applicant's request for certification. Please make certain that you enter the applicant's name on the reference form.

Very truly yours,

Christine Horne
Supervisor II

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your address _____
(street and number) (city or town)
3. What is your present business or profession? _____
4. Are you a Certified or Practicing Septic System Evaluator? _____ In what State? _____ Certificate # _____
5. How long have you known the applicant? From _____ To _____
6. Are you in any way related to the applicant? _____
7. What has been your business connection with the applicant? _____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

9. Please give a brief estimate of the applicant as a Septic System Evaluator. _____

10. Would you employ the applicant in a position of trust? _____
11. If the applicant is connected with a firm, please provide its name and address.

12. Is the applicant qualified to be placed in responsible charge of supervision of work? _____
13. If the applicant is in individual practice, please indicate the nature of such practice _____
14. Do you recommend the applicant for certification as a Septic System Evaluator? _____
15. In my opinion the applicant has _____ years of experience.
16. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Septic System Evaluator.

Date _____ Written Signature _____

Credit Card Sheets are not accepted via e-mail.

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one)	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	(required)
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

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