



STATE OF NEW HAMPSHIRE

SEPTIC SYSTEM EVALUATOR REINSTATEMENT \$340.00 REINSTATEMENT FEE

APPLICATION MUST BE UPDATED FROM YOUR LICENSE EXPIRATION DATE

Check Payable to "Treasurer, State of NH" or
complete the enclosed credit card form (**Non-Refundable Fee**)

1. GENERAL INFORMATION

Full Name _____

Last

First

Middle

Date of Initial Licensure: _____ License # _____

Residence Address _____
Zip Code _____

Business Name _____

Business Address _____
 Indicate mailing address by check box Zip Code _____

Business Phone _____ Home Phone _____

Email: _____

2. GENERAL INFORMATION QUESTIONS

CHECK ONE:

YES NO

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.

2. Have you ever lost or been denied registration/licensure as an 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?

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

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:

DATE: _____

NHOPLC – TECHNICAL DIVISION
121 SOUTH FRUIT STREET
CONCORD NH 03301

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

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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:	
License Number :			
Authorization Signature :			

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CONFIDENTIAL