



State of New Hampshire
 OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
 DIVISION OF TECHNICAL PROFESSIONS

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JOSEPH G. SHOEMAKER
 Director
 PETER DANLES
 Executive Director

SEPTIC SYSTEM EVALUATOR RENEWAL APPLICATION

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____ AMOUNT DUE _____

FULL NAME _____ LICENSE # _____

HOME ADDRESS _____

HOME PHONE _____

BUSINESS NAME & ADDRESS _____

WORK PHONE _____

Indicate mailing address by check box EMAIL ADDRESS _____

| Part II. FEE SCHEDULE | CRITERIA | PAYMENT INFORMATION |
|---|---|--|
| <input type="checkbox"/> Renewal Fee \$100.00 | Payable by last day of the month of licensee's birth. | Make check payable to "Treasurer, State of New Hampshire" OR use the enclosed credit card sheet |
| <input type="checkbox"/> Late fee \$20.00 per month | Include \$20.00 per month or fraction of a month the renewal is late. | |

| PART III. QUESTIONS | Include an explanation if "yes" | 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 offense and the date of the conviction and the sentence imposed. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had any sanctions or disciplinary action brought against you by any Board or Jurisdiction? | | <input type="checkbox"/> | <input type="checkbox"/> |

PART IV. CERTIFICATION

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 believe and acknowledge that the provision of false information in the application is a basis for disciplinary action by the board and I have complied with the continuing education requirements of Sep 403:

➡ SIGN HERE _____
 DATE _____

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

Rev. 9/2018

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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