



Systems Contractors Application for License to Install, Alter or Repair On-site Wastewater Treatment System (OWTS)

Complete and submit form with \$50 licensing fee and documentation of National Association of Wastewater Technician (NAWT) Certification* or approved equivalent.

Name: _____

Title: _____

Company: _____

Address: _____

_____ *City* _____ *State* _____ *Zip*

Phone: _____

Fax, if email is not available: _____

Email: _____

*NAWT Certification required on July 27, 2020 (two years after adoption of the CCOB On-Site Wastewater Treatment Regulation)

By signing, the applicant certifies compliance with section 7.1 of the City and County of Broomfield On-site Wastewater Treatment System Regulation (Board of Health Resolution Number 2018-84-BH).

Signature of Applicant

Date

Printed Name

Office Use Only	
Documentation of NAWT certification or equivalent reviewed by:	_____
Date paid: _____	Licensed Issued: _____