



# Cowlitz County Health and Human Services

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Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

## 2026 CERTIFICATE OF COMPETENCY APPLICATION - Sewage Disposal System Installer / O&M Provider -

(Please submit one application per professional)

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

OnlineRME Company ID # (if applicable) \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mark all that apply:  Installer\*  O & M Provider Level I\*\*  O & M Provider Level II

Applicant is:  Owner  Supervisor/Manager  Non-supervisory or Non-managerial employee

### Installers / O & M Providers:

- 1) State Contractor License Number: \_\_\_\_\_
- 2) State Contractor License Expiration Date: \_\_\_\_\_
- 3) Current Insurance Bond Information (enclose copy of policies): \_\_\_\_\_
- 4) \*\*\*Please list each proprietary product you intend to service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

\* **FOR LICENSE RENEWAL: Each Installer/OM Provider must show proof of Continuing Education Units (CEU) (6 Classroom Hours per year)**

\*\* Must submit certification of passing test from WOSSA if new provider.

\*\*\* Must submit certification of competency for each proprietary product.

**PLEASE NOTIFY OUR OFFICE IN WRITING IF YOU DO NOT WISH TO RENEW AT THIS SO WE MAY REMOVE THE FEES FROM YOUR ACCCOUNT**