



# OSS Certification Requirements

Cowlitz County certifications are valid January 1<sup>st</sup> through December 31<sup>st</sup> of each year

All professionals must provide proof of bond coverage in accordance with WA Contractor Laws at time of application.

|                                     | Application Form | Pass WOSSA Exam | Minimum Liability Insurance | \$300.00 Certification Fee | Continued Education Credits |
|-------------------------------------|------------------|-----------------|-----------------------------|----------------------------|-----------------------------|
| <b>INSTALLER I &amp; II</b>         |                  |                 |                             |                            |                             |
| <b>Initial Certification</b>        | Yes              | Yes             | \$500,000.00                | Per individual             | ---                         |
| <b>Re-Certification</b>             | Yes              | ---             | \$500,000.00                | Per individual             | 6                           |
| <b>O&amp;M INSPECTOR I &amp; II</b> |                  |                 |                             |                            |                             |
| <b>Initial Certification</b>        | Yes              | Yes             | \$100,000.00                | Per individual             | ---                         |
| <b>Re-Certification</b>             | Yes              | ---             | \$100,000.00                | Per individual             | 6                           |
| <b>PUMPER</b>                       |                  |                 |                             |                            |                             |
| <b>Initial Certification</b>        | Yes              | ---             | \$100,000.00                | Per business               | ---                         |
| <b>Re-Certification</b>             | Yes              | ---             | \$100,000.00                | Per business               | ---                         |

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