



WESTCHESTER COUNTY DEPARTMENT OF HEALTH  
Bureau of Environmental Quality

APPLICATION FOR SEPTIC SYSTEM CONTRACTOR  
LICENSE OR RENEWAL

- 1. NAME: \_\_\_\_\_
- 2. ADDRESS: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(Community, State, Zip Code)
- 3. TELEPHONE: \_\_\_\_\_
- 4. COMPANY NAME: \_\_\_\_\_
- 5. COMPANY ADDRESS: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(Community, State, Zip Code)
- 6. COMPANY TELEPHONE: \_\_\_\_\_
- 7. EMAIL: \_\_\_\_\_
- 8. Insurance Information (for license and renewals only)
  - a. Worker Compensation Policy Number: \_\_\_\_\_
  - b. Disability Benefits Policy Number: \_\_\_\_\_
- 9. LICENSE: New: \_\_\_\_\_ Renewal: \_\_\_\_\_ (License #: \_\_\_\_\_)
- 10. For Licenses, attach License Instruction Program Letter
- 11. Fees:
 

To take the License Instruction Program:	_____	\$120.00
New License or Renewal:	_____	\$240.00
Reissuance Exam:	_____	\$ 25.00
Renewal Exam (if required)	_____	\$ 25.00

Checks should be made payable to Westchester County Department of Health

This is to certify that all information supplied herein and attached hereto is true of the best of my knowledge, and that I shall comply with all applicable provisions of Chapter 873, Article VIII of the Laws of Westchester County and with rules and regulations of the Westchester County Department of Health, and that I acknowledge that construction, installation and remediation work requires prior written approval of the Department of Health. This application is made pursuant to Chapter 873, Article VIII of the Laws of Westchester County.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(date)

**Application should be remitted to:**  
Westchester County Department of Health  
Bureau of Environmental Quality  
25 Moore Ave., 1<sup>st</sup> Floor  
Mount Kisco, NY 10549  
Attn: Ms. Patricia Tornello-Adams