STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Subsurface Sewage Disposal System
INSTALLER License Application

General Policies and Procedures

IMPORTANT: THE DEPARTMENT **WILL NOT** REVIEW HAND-DELIVERED APPLICATIONS AT THE TIME OF RECEIPT. PROFESSIONAL STAFF SHALL EVALUATE EACH APPLICATION IN THE ORDER IT WAS RECEIVED. STAFF IS NOT AVAILABLE FOR UNSCHEDULED "WALK-IN" MEETINGS. FOR QUESTIONS, PLEASE EMAIL dph.ehlicensing@ct.gov

1. Fees

   The fee for an initial license covers the cost of eligibility determination and related administrative functions. The licensure renewal fee is separate and distinct from the application fee. Licenses are renewed annually during the licensee's month of birth. **Renewal is in the first birth month immediately following the issuance of licensure**. The full renewal fee will be required regardless of the date of initial licensure.

   No personal checks are accepted. Please remit the application fee, by CERTIFIED CHECK or MONEY ORDER ONLY, payable to, "TREASURER, STATE OF CONNECTICUT" in United States dollars. The application fee is non-refundable and non-transferable. It covers the cost of reviewing and processing the specific application. **Application fees cannot be refunded, even if the applicant is found ineligible.** Incomplete applications shall remain on file for one year, after which they will be destroyed in accordance with the agency's record retention schedule.

2. Status Checks

   It is the responsibility of the applicant to arrange for the submission of all required documentation for timely completion of the application. **The Department shall notify the applicants of incomplete documentation.** Applicants can check the status of their application and submission of supporting documentation at: https://www.elicense.ct.gov/ or email: dph.ehlicensing@ct.gov

3. License Issuance

   After all documents have been received, the professional staff will evaluate each application in the order it was received. Upon approval, the licensee shall receive written verification of the license number and the effective date. The three part licensing documents shall be sent to the licensee's address of record within 4-6 weeks after approval.

4. Requirements

   License requirements are subject to change due to new legislation, regulations, or policies adopted by the Department. Applicants shall meet current licensing requirements.

5. Examinations

   Licensing examination questions are not included in the Freedom of Information Act as documents available for review. Whenever possible, the Department shall provide feedback regarding examination performance.

6. Social Security Numbers

   The Privacy Act of 1974 requires any federal, state or local government agency to inform persons of the disclosure requirements for social security numbers. In accordance with Connecticut General Statutes, Section 17b-137a(A)(1), disclosure of the social security number is mandatory. The social security number is used in the administration and collection of taxes and child support. The Department shall only disclose social security numbers to government entities. The Department shall not release social security numbers to the general public.

Subsurface Sewage Disposal System
INSTALLER Licensure Exam Requirements

Applicant must submit the following information in order to take the Subsurface Sewage Disposal System Installer licensure exam:

1. A completed, notarized application with photograph, and fee of $50.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**

2. Four (4) Verification of Experience Forms completed and signed by the Local Health Departments; **OR**

   If applicable, official verification, sent directly from each state licensing authority where the applicant currently holds or has held a credential for subsurface sewage disposal system installer (see Verification of State Issued Credential Form).

   RECIPROCITY: In order to receive reciprocity, other states licensing standards must be equal to or higher than those of this state. Licenses must have been valid within 10 years of exam application date.

Please note that credit may not be given for Verification of Experience Forms citing any of the following:

- Applicant was not present during Local Health Department (LHD) inspections (unless previously agreed upon between all parties).
- Licensed installer did not confirm applicant's participation in subsurface sewage disposal system (SSDS) installation.
- LHD was not notified that applicant would be participating in SSDS installation.
- LHD could not verify applicant's participation in SSDS installation.
- SSDS was not installed in accordance with approved plan, or construction deficiencies have been identified.
- SSDS installation was completed more than 5 years from exam date.
- SSDS installation only involved minor septic system repair work, such as tank, manhole cover, pipe or distribution box replacement. Credit shall only be given on sites that included a leaching system installation.

Before applying for licensure exam, please familiarize yourself with the current general licensing policies and procedures.

Completed applications shall be mailed to the following address:

Department of Public Health
Subsurface Sewage Installer License
410 Capitol Avenue - MS #12MQA
P.O. Box 340308, Hartford, CT 06134

Subsurface Sewage Disposal System (SSDS)
INSTALLER Licensure Reinstatement Policy

If SSDS Installer license has been lapsed for **less than two (2) years**, then the following documentation must be submitted for reinstatement:

1. A completed, notarized application with photograph, and fee of $50.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**
2. A notarized statement indicating previous license number, years licensed and reason for lapse in licensure.

If SSDS Installer license has been lapsed for **more than two (2) years, but less than ten (10) years,** then the applicant must perform the following for reinstatement:

1. Submit a completed, notarized application with photograph, and fee of $50.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**
2. Submit a notarized statement indicating previous license number, years licensed and reason for lapse in licensure; **AND**
3. Take and pass the State administered SSDS Installer exam.

If SSDS Installer license has been lapsed for **more than ten (10) years,** then the applicant must perform the following for reinstatement:

1. Submit a completed, notarized application with photograph, and fee of $50.00 in the form of a certified bank check or money order made payable to "Treasurer, State of Connecticut"; **AND**
2. Submit a notarized statement indicating previous license number, years licensed and reason for lapse in licensure; **AND**
3. Submit four (4) completed Verification of Experience Forms or a completed Verification of State Issued Credential Form; **AND**
4. Take and pass the State administered SSDS Installer exam.

Completed applications and supporting documentation shall be mailed to:

Department of Public Health
Subsurface Sewage Installer License
410 Capitol Avenue - MS#12MQA
P.O. Box 340308, Hartford, CT 06134

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Subsurface Sewage Disposal System
INSTALLER License Application

CHECK ONE: ☐ INITIAL APPLICATION ☐ REINSTATEMENT APPLICATION

APPLICATION FEE: $50.00 CT License No:_____

EXAM DATE:_____

First name: _____Last name: _____ MI: ____ Maiden Name: _____

Date of birth: _____/_____/_____ Social Security No.: _____-_____-_____ Gender: _____
mm dd yyyy

Name and Mailing Address: *This will be how your name and address will appear on your official license, your address of record for all mailings from this office, and releasable information pursuant to Freedom of Information requests.*

Name on License: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Daytime phone number: ( ) _____ E-mail: _____

Do you require accommodations for any disability? ☐YES ☐NO

If YES, attach a written statement briefly describing the nature of the disability and the accommodation you are seeking. Upon review of your request, this office will contact you for appropriate documentation.

RACE/ETHNIC DATA: *This section is voluntary. Information gathered will be used solely for demographic purposes. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.*

☐ AMERICAN INDIAN OR ALASKAN NATIVE: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ ASIAN OR PACIFIC ISLANDER: Persons having origins in any of the original peoples of the Far East, Southeast Asia the Indian Subcontinent of the Pacific Islands. This area includes, China, Japan, Korea, the Philippine Islands, and Samoa.

☐ BLACK: Persons having origins in any of the black racial groups of Africa.

☐ HISPANIC: Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

☐ WHITE (not of Hispanic Origin): Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

CREDENTIALS IN OTHER STATES: *List all states (other than Connecticut) where you have or have had a credential as a subsurface sewage disposal system installer.* ***Send Verification of State Issued Credential Form to each state where you have or have had a credential. DO NOT SEND TO DPH. Applications will not be processed until completed forms from all states are received at this office.***

STATE	CREDENTIAL	NUMBER	EXPIRATION DATE

STATEMENT OF PROFESSIONAL HISTORY:

A. Have you ever been censured, disciplined, dismissed, or expelled from, or been requested to resign from employment involving any type of environmental remediation work? ☐ **YES** ☐ **NO**

B. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? ☐ **YES** ☐ **NO**

C. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any disciplinary action against you? ☐ **YES** ☐ **NO**

D. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate, or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? ☐ **YES** ☐ **NO**

E. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? ☐ **YES** ☐ **NO**

If you answer "yes" to Questions A-E, please provide all related records including proof of settlement of fine, on a separate, NOTARIZED statement.

F. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? ☐ **YES** ☐ **NO**

If "yes" to Question F, give full details, names, addresses, on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

G. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law, or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? ☐ **YES** ☐ **NO**

If "yes" to Question G, give full details including, but not limited to, names and dates on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition of the case (including conditions of release), and if you are currently on parole or probation, a statement from the officer that you are compliant with the conditions of release.

***PHOTOGRAPH*:**

Affix (glue or tape) a recent passport type photo here.

NOTARIZATION:

On this _____ day of _____ in the year 20___, _____ personally appeared before me,
Applicant's name

who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

_____
Signature of Applicant

Sworn to before me this _____ day of _____ in the year 20____.

_____ _____
Signature of Notary Public *My Commission Expires*

REINSTATEMENT APPLICATIONS ONLY:

I certify that since my State Certification expired, I have not worked in Connecticut in the discipline for which I am applying for reinstatement with this application.

_____
Signature of Applicant

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Application must be completed, notarized, and include the following:

- Application Fee: **$50.00** payable to, **"TREASURER, STATE OF CONNECTICUT"** (*certified check or money order)*
- Four completed Verification of Experience Forms or proof of credential in other states (*not required if applying for reinstatement within 10 years of lapsed license*).

Mail application to:

Department of Public Health
Subsurface Sewage Installer License
410 Capitol Avenue, MS# 12MQA
PO BOX 340308
Hartford, CT 06134-0308

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