Maintenance License Checklist

SUBMIT THE REQUIRED ITEMS LISTED BELOW ALONG WITH THIS CHECKLIST

www.privatewaterandsewage.dhh.louisiana.gov

Important: You are responsible for the accuracy of your application and accompanying documentation. The accuracy of your documents affects the processing time. Your name must appear the same on all documents (Double check the spelling of your name). Do not make any changes to the endorsement(s) and/or insurance documents. If changes are needed on the endorsement, contact the manufacturer. If changes are needed on the proof of insurance, then contact the insurance company.

_____A **completed** and signed Maintenance License Application form. **All fields and signatures are mandatory. IF YOU PROVIDE AN EMAIL ADDRESS, IT WILL BE THE METHOD USED TO CONTACT YOU.**

_____A **completed** and signed Affidavit. **All fields and signatures are mandatory.**

_____**Original** endorsement(s) from a licensed manufacturer(s) for the brand(s) of individual mechanical plant to be maintained, **signed if required**. **(Endorsement must state Maintenance/Service only.)**

_____Proof of insurance in the form of a certificate of insurance(COI), or the declaration, that provides the name of the installer and the Certificate Holder information as follows: LDHH-OPH, Onsite Wastewater Program Bin 10 Box 11, P.O. Box 4489, Baton Rouge, LA 70821. The policy shall indicate minimum coverage limits of at least $100,000 each occurrence/$300,000 **aggregate per person**.

Note: Your policy must have your name on it as we do not issue installer licenses to companies.

_____Check or money order, payable to LDHH/OPH for one hundred dollars U.S. ($100.00).

PLEASE NOTE: All application materials for license renewals are due by *December 1st.* LATE FEES in the amount of 10% of the licensing fees will be assessed if all materials for licensure have not been *postmarked by December 31st*. Any application materials postmarked later than *March 3rd* will result in the applicant being assessed a fine of 100% of the cost of licensure. LATE FEES must be paid by separate check or money order. License renewal application packets will not be processed if LATE FEES are due and the applicant fails to submit the applicable LATE FEES IN FULL (authorized by L.R.S. 40:6.E).

Please note if your training has expired, please contact ULL at (337) 482-5712 or you can now register online at www.ce.louisiana.edu to enroll in the next available class. Training is required once every five years.

FOR OFFICE USE ONLY

Installer Name _____ License Number _____

Please correct the highlighted item(s) above and return your application.

Notes**:**

Louisiana Department of Health and Hospitals
Office of Public Health Onsite Wastewater Program
(http://www.privatewaterandsewage.dhh.louisiana.gov)

APPLICATION FOR MAINTENANCE LICENSE

The Maintenance License is required for servicing and maintaining of individual mechanical treatment plants when the **manufacturer endorsement specifies maintenance only** (as *per Title 51, Part 13, Subchapter C, §735, B, 2).*

Licenses expire on January 31 of each year.

IF-01/Maintenance
Rev. 11/13/2012

Please type or print in ink

Date: _____

Name: _____
Address: _____
City, State, Zip: _____
Home Phone/Area Code: _____

Company Name:_____
Mailing Address:_____
City, State, Zip: _____
Business Phone/Area Code:_____
Fax Number: _____
Parish/County: _____

Current License Number:_____
Date of Last Training Class:_____
Email Address:_____

Check Appropriate Box(s):

☐ New Application

☐ Renewal

☐ Out of Business

☐ Changes of Name/Address

☐ Change of Company Name/Address

Mail completed application and required items to:
LDHH OPH CEHS
Onsite Wastewater Program
P.O. Box 4489 Baton Rouge, LA 70821-4489

Signature of Applicant: _____

PLEASE NOTE: All application materials for license renewals are due by December 1st. LATE FEES in the amount of 10% of the licensing fees will be assessed if all materials for licensure have not been postmarked by December 31st. Any application materials postmarked later than March 3rd will result in the applicant being assessed a fine of 100% of the cost of licensure. LATE FEES must be paid by separate check or money order. License renewal application packets will not be processed if LATE FEES are due and the applicant fails to submit the applicable LATE FEES IN FULL (authorized by L.R.S. 40:6.E).

FOR OFFICE USE ONLY

Logged in By: Date:

M.O. or Check #:

License #: PIV#:

Processed By:

Louisiana Department of Health and Hospitals Office of Public Health
Onsite Wastewater Program
(http://www.privatewaterandsewage.dhh.louisiana.gov)

AFFIDAVIT

This affidavit must be submitted when applying for a combination, basic, maintenance, and /or homeowner licenses.
Licenses expire on January 31 of each year.

IF-81706
Rev. 7/13/2012

Date:_____

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, on this _____ day of _____, _____, the undersigned notary public, commissioned in and qualified for the Parish and State aforesaid, and the two undersigned competent witnesses, personally came and appeared:

Licensee: _____
Please Print

who, after being duly sworn, did depose and say:

I hereby certify that I have obtained, read, understand and shall comply with the provisions of the Sanitary Code (Title 51), Part 13, including Chapter 7, Subchapter B of this Part, and the requirements for minimum distance to sources of contamination in Part 12, and will make installations and/or provide maintenance in compliance therewith. I also certify that I am trained in the proper installation of all components which I intend to maintain in the State of Louisiana for the duration of this license. Furthermore, I understand that under provisions in Title 51, Part XIII, Subchapter C, §735.F.,G., licenses may be suspended or revoked by the agency for non-compliance with code provisions, and that licenses which are revoked are not eligible for reinstatement for a minimum period of two years.

_____ _____

Notary Public Licensee Signature

Witnesses:

_____ _____

Please Print Witness Signature

_____ _____

Please Print Witness Signature

Mail to:

LDHH/CEHS/Office of Public Health
Onsite Wastewater Program
P.O. Box 4489
Baton Rouge, LA 70821-4489