



*Licensing Division, MS 6006
Department of Inspections and Permits
2664 Riva Road, Annapolis, MD 21401
Telephone: (410) 222-7788
Fax: (410) 222-4488
www.aacounty.org*

**DISPOSAL SYSTEMS CONTRACTOR
APPLICATION FOR EXAMINATION**

Fee: \$75.00

No person shall be examined unless he has at least two (2) years or 3,900 hours of "HANDS ON" experience in constructing, altering, repairing, modifying and installing sewage disposal systems, either under the supervision of a licensed Master Plumber or a licensed Disposal Systems Contractor.

Applicant must submit one or more notarized letters with this application from former or present employers for whom he has worked in this trade. This reference should state the name and license number of the licensed plumber or disposal system contractor under which he has worked.

OBLIGATION

If, upon examination, a license is granted to me, I hereby agree to use it in strict accordance with the laws and regulations of Anne Arundel County.

Signature of Applicant

PRINT FULL NAME _____ PHONE _____

STREET ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP CODE _____

E-Mail Address _____

PERSONAL DATA

Full and accurate answers to the following questions are necessary in order to complete this application.

1. Length of residence in Maryland? _____ years
2. Place of birth _____ Date of birth _____
Note: If not a U.S. citizen, attach a copy of your employment authorization or permanent resident card.
3. Highest grade of school successfully completed? _____
4. Do you hold licenses in other jurisdictions? _____ If so, where, and what type?

5. Have you ever filed an application in this County before now? _____

6. Have you ever had an application rejected in this County? _____
7. Have you ever been examined by this County for this license? _____
8. Describe any special study, correspondence course, night school courses, etc. which, in your opinion, helps to qualify you in addition to your practical experience in the business. Give name of school, course of study, and a copy of the certificate of successful completion.
- _____
- _____

EXPERIENCE

Length of Employment	Worked As	Name of Employer	Address
From _____ to _____	_____	_____	_____
From _____ to _____	_____	_____	_____
From _____ to _____	_____	_____	_____
From _____ to _____	_____	_____	_____
From _____ to _____	_____	_____	_____
From _____ to _____	_____	_____	_____

9. Attached are _____ reference letters.

Signature of Applicant

State of Maryland
County of Anne Arundel County

_____ being duly sworn, deposes and says that he/she is the individual making the foregoing application for a license; that the answers to the foregoing questions and other statements therein are true to the best of his/her knowledge and belief.

Sworn to before me this _____ day of _____, 20 _____

Notary Public

Approved to take exam _____ Date exam taken _____

Denied _____ Examination grade _____

Reason denied _____ License issued _____