



ANNUAL INSTALLER APPLICATION

ANNUAL FEE: \$50.00

217 E. Spring St., Ste. 1  
Bloomfield, IN 47424  
(812) 384-4496  
(812) 384-2037  
[health@co.greene.in.us](mailto:health@co.greene.in.us)

DATE:\_\_\_\_\_

NAME:\_\_\_\_\_

ADDRESS:\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_\_\_\_ZIP CODE\_\_\_\_\_

EMAIL:\_\_\_\_\_

PHONE-DAY:\_\_\_\_\_EVENING\_\_\_\_\_CELL\_\_\_\_\_

Please Check One:

- ☐ Company Owner  
☐ Employee (crew member)  
☐ Homeowner (self-installed)

Please check the certification(s) you have:

- ☐ ATL (Infiltrator) ☐ Eljen ☐ Presby ☐ IOWPA ☐ IOWPA Certified Inspector

**Attach copy of certification to this application or email the certification(s) to [health@co.greene.in.us](mailto:health@co.greene.in.us)**

- ☐ A current certification of liability insurance with the health department named as the certification holder is on file or attached to this application.

I would like my name listed in the Greene County Licensed Installer Directory used by prospective clients need septic services. ☐ Yes ☐ No

I agree to abide by all applicable state and local rules and regulations regarding the installation, construction, or repair of on-site wastewater disposal systems. I certify that I have read and understand the current rules and regulations as they become available. I understand that if I do not comply with these rules and regulations, my status as a Registered Installer can be revoked.

APPLICANT:\_\_\_\_\_DATE\_\_\_\_\_

.....  
**OFFICE USE ONLY**

DATE OF EXAM:\_\_\_\_\_APP. TAKEN BY:\_\_\_\_\_

REGISTRATION CARD ISSUED:\_\_\_\_\_RETURNED:\_\_\_\_\_

REGISTRATION REVOKED:\_\_\_\_\_DATE:\_\_\_\_\_

REGISTRATION REINSTATED:\_\_\_\_\_DATE:\_\_\_\_\_