

# **Combination License Checklist**

## **SUBMIT THE REQUIRED ITEMS LISTED BELOW**

### **ALONG WITH THIS CHECKLIST**

[www.privatewaterandsewage.dhh.louisiana.gov](http://www.privatewaterandsewage.dhh.louisiana.gov)

**Important: You are responsible for the accuracy of your applications 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, then contact the manufacturer. If changes are needed on the proof of insurance, then contact the insurance company.**

\_\_\_\_\_ A **completed** and signed Basic 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.**

\_\_\_\_\_ A **completed** and signed Combination License Application form. **All fields and signatures are mandatory.**

\_\_\_\_\_ **Original** endorsement(s) from a licensed manufacturer(s) for the brand(s) of individual mechanical plant to be installed/maintained, **signed if required.** (For endorsements which state maintenance/service only, a Maintenance License must be acquired.)

\_\_\_\_\_ 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 two hundred dollars U.S. (\$200.00).

**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 3<sup>rd</sup> 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](http://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:

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



**APPLICATION FOR BASIC LICENSE**

The Basic License is required for the installation and maintenance of septic tanks/field lines, septic tanks/oxidation ponds, septic tanks/sand filters, and limited use systems. (as per Title 51, Part 13, Subchapter C, §735, B, 2).

Licenses expire on January 31 of each year.

*Please type or print in ink*

IF-01/Basic  
 Rev. 8/29/2013

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: \_\_\_\_\_

(By providing your email address, you agree to receive correspondence from this department via email.)

**Signature of Applicant:** \_\_\_\_\_

**Check Appropriate Box(s):**

- New Application
- Renewal
- 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**

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**FOR OFFICE USE ONLY**

Logged in By: \_\_\_\_\_ Date: \_\_\_\_\_  
 M.O. or Check #: \_\_\_\_\_  
 PIV#: \_\_\_\_\_  
 Processed By: \_\_\_\_\_



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



**APPLICATION FOR COMBINATION LICENSE**

The Combination license is required for the installation and maintenance of individual mechanical treatment plants. This license may be obtained only in conjunction with a basic license, and is considered to be a separate license (as per Title 51, Part 13, Subchapter C, §735, B, 2).

Licenses expire on January 31 of each year.

*Please type or print in ink*

IF-01/Combo  
 Rev. 8/29/2013

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone/Area Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name/Address

City, State, Zip: \_\_\_\_\_

Business Phone/Area Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Parish/County: \_\_\_\_\_

Current License Number: \_\_\_\_\_

Date of Last Training Class: \_\_\_\_\_

Email Address: \_\_\_\_\_

(By providing your email address, you agree to receive correspondence from this department via email.)

**Signature of Applicant:** \_\_\_\_\_

**Check Appropriate Box(s):**

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**P.O. Box 4489 Baton Rouge, LA**  
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**FOR OFFICE USE ONLY**

Logged in By: \_\_\_\_\_ Date: \_\_\_\_\_  
 M.O. or Check #: \_\_\_\_\_  
 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. 10/7/2013

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 following provisions of the Sanitary Code (Title 51): Part XIII.; Part XII. Water Supplies. Chapter 3. §327 Ground Water Supplies, specifying the requirements for minimum distance to sources of contamination; applicable sections of Part XIV, including Chapter 6. §613. Water Service Pipe and Fittings. C. through J.; and, applicable sections of Part XIV. Chapter 7. Sanitary Drainage and, I 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