



APPLICATION FOR ONSITE WASTEWATER TREATMENT SYSTEMS INSTALLER LICENSE

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WATER QUALITY
SFN 62648 (08-2025)

FOR DEPT. USE ONLY

Date Received

GENERAL INFORMATION

| | | | |
|---|------|------------------|----------|
| Name of Applicant | | Name of Business | |
| Email Address | | Telephone Number | |
| Mailing Address | City | State/Province | ZIP Code |
| Business Physical Address | City | State/Province | ZIP Code |
| Proposed Area(s) of Operation (<i>list counties only</i>) | | | |

SIGNATURE

| | | |
|--------------------------------|-------|------|
| Name of Applicant (print/type) | Title | |
| Signature of Applicant | | Date |

RETURN COMPLETED APPLICATION TO:

North Dakota Department of Environmental Quality
Division of Water Quality
4201 Normandy St. 3rd Floor
Bismarck, ND 58503

deg@nd.gov

Telephone: (701) 328-5210

Fax: (701) 328-5200