



Arkansas Department of Health

Designated Representative License Application

Complete this form, supplying all applicable information. When complete, return to the:

Arkansas Department of Health
Environmental Training and Certification
4815 West Markham Street – Slot 46
Little Rock, AR 72205-3867

Personal Information

Name (Last, First, Middle Initial)	County
Address	Home Phone
City State Zip	Work Phone
E-mail Address (include domain name)	Fax Number

Qualifications

Please check any of the below listed licenses and registrations you currently hold in the State of Arkansas. Be sure to write the number of the respective license in the space provided.

- Professional Engineer _____ Master Plumber _____ Sanitarian _____
 Professional Land Surveyor _____

Similarly Qualified

If you do not currently hold one of the above listed licenses or registrations, you may still apply for a Designated Representative License if you meet the requirements below.

- Bachelor's Degree
 - 30 hours in natural science or math
 - attached copy of transcript 3 Years Experience
 - experience must be in septic system design
 - attached statement from an Environmental Health Specialist and Designated Representative affirming experience

Please attach all required documentation when submitting this application. Be informed that any and all documentation submitted with this application is subject to verification by the Department of Health.

Briefly describe your experience in septic system design.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that all the information requested in this application is considered important by the Department of Health in evaluating my qualifications for licensing as a Designated Representative. I further understand that if I obtain a Designated Representative License, any false, misleading, or incomplete information provided by me on this application shall be grounds for revocation of my Designated Representative License.

Signature of Applicant	Date
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