

For DEC use only:

Receipt Date	Appl ID	Fee Paid	Check	Paid By
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**State of Vermont
Department of Environmental Conservation
Wastewater Management Division**

Designer License Application

Date:		
Class of license you are applying for: <input type="checkbox"/> Class A or <input type="checkbox"/> Class B – to be eligible you must have passed Class A written and field examinations	If you are currently certified as Class A (or Type A), what year did you get your certification?	What is your current certification number?
Name:		
Mailing Address:		
E-Mail Address:		
Phone Number:	Date of Birth:	
Current Occupation:		

Please note that this application, the appropriate fee, and the statement of applicant must be submitted at least three weeks before the examination, to the Wastewater Management Division, 103 S. Main Street, Sewing Building, Waterbury, VT 05671-0405

The following fees apply and must be submitted with this application.

Class A Certification \$100.00

Class B Certification \$40.00

I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant

Date

STATEMENT OF APPLICANT

The Vermont Department of Environmental Conservation (DEC) as a licensing authority is responsible for ensuring that applicants for new and renewal license certify as to their status with regard to child support, taxes, unemployment compensation and unpaid judgments.

<p>CHILD SUPPORT: Child Support Orders (15 V.S.A. §795) as of the date of this application: (you must check one)</p> <p><input type="checkbox"/> I am not subject to a child support order; OR <input type="checkbox"/> I am subject to a child support order and am in good standing* or in full compliance with a plan to pay <input type="checkbox"/> I am not in good standing* or in full compliance with a plan to pay.**</p>
<p>TAXES: Tax Compliance (32 V.S.A. §3113(b)) as of the date of this application: (you must check one)</p> <p><input type="checkbox"/> I have never lived or worked in Vermont and do not owe Vermont taxes; OR <input type="checkbox"/> No taxes are due and payable and all required returns have been filed; OR <input type="checkbox"/> The liability for any taxes due and payable is on appeal; OR <input type="checkbox"/> I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR <input type="checkbox"/> I am not in good standing* or in full compliance with a plan to pay.**</p>
<p>UNEMPLOYMENT COMPENSATION: Unemployment Compensation (21 V.S.A. §1378(b)) as of the date of this application: (you must check one)</p> <p><input type="checkbox"/> This does not apply to me because I am not now, nor have I ever been an employer in Vermont; OR <input type="checkbox"/> No contribution or payments in lieu of contributions are due and payable; or the liability for any contributions or payments in lieu of contributions due and payable is on appeal; or the employing unit is in compliance with a payment plan approved by the commissioner; OR <input type="checkbox"/> I am not in good standing* or in full compliance with a plan to pay.**</p>
<p>DISTRICT COURT FINES / JUDICIAL BUREAU: Unpaid judgments (4 V.S.A. §1110(c)) as of the date of this application: (you must check one)</p> <p><input type="checkbox"/> I do not have any unpaid judgments. <input type="checkbox"/> I am in good standing* with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense. <input type="checkbox"/> I am not in good standing.*</p>
<p>* "Good standing" is defined by various laws cited above. For more information, refer to the statute. ** You may request a finding that requiring immediate payment would impose an unreasonable hardship.</p>

I certify that all information contained in this application is true and accurate to the best of my knowledge.
The maximum penalty for perjury is fifteen years in prison, a \$10,000 fine, or both. (13 V.S.A. §2901)

Signature of Applicant

Date of Application

Printed Name of Applicant

Applicant Date of Birth