



# Environmental Services On-site Sewage Facility Contractor Registration

PLEASE PRINT OR TYPE—INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Business Name (DBA) \_\_\_\_\_  
Business Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Name of Licensee: \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check the appropriate contractor classification. Provide copy of state license, driver’s license.

- OSSF Installer
- OSSF Designer
- OSSF Site Evaluator
- Property Owner
- Registered Sanitarian
- Professional Engineer

I hereby apply for contractor registration with the City of Burleson and certify that the foregoing information is correct to the best of my knowledge.

Date: \_\_\_\_\_  
Name (printed): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Special Notes: \_\_\_\_\_