

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
APPLICATION FOR  
MAINTENANCE SERVICE PERMIT**

Authority: Chapter 381, F.S.  
Chapter 64E-6, F.A.C.

Permit/ Application Number: \_\_\_\_\_  
Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Fee Paid: \_\_\_\_\_  
Receipt Number: \_\_\_\_\_

Application is hereby made to the DOH \_\_\_\_\_ County Health Department, requesting the issuance of a Maintenance Service Permit for the following business:

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address (If different from above): \_\_\_\_\_

Owner/Agent (Circle One): \_\_\_\_\_

Owner/Agent Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Geographic Area Serviced from this Location: \_\_\_\_\_

List the brands of equipment or components you are authorized to service (Provide a letter from each manufacturer of the unit or component you will service stating that you are authorized to provide service to that type of unit or component and will be provided with training, operation and maintenance manuals, service equipment, and spare mechanical parts in order to provide necessary warranty and maintenance service to their equipment).

Make and Model	Manufacturer	Manufacturer's Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of systems currently under contract \_\_\_\_\_; Number of full-time maintenance service personnel \_\_\_\_\_, Does your company currently retain a Class D wastewater treatment plant operator to provide service to systems treating more than 1500 gallons per day? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide a copy of the operator's certification. Is your company licensed as a plumbing service or do you possess a septic tank contractor registration or certificate of registration from DOH? Plumbing Contractor: Yes \_\_\_\_\_ No \_\_\_\_\_ Qualifying Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_ Registered Septic Tank Contractor: Yes \_\_\_\_\_ No \_\_\_\_\_ Qualifying Contractor: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Authorized Septic Tank Service: Yes \_\_\_\_\_ No \_\_\_\_\_ Certificate of Authorization Number: \_\_\_\_\_

List service and repair equipment available at your facility:

Spare Mechanical Parts	Quantity	Spare Mechanical Parts	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am familiar with the requirements of Chapter 64E-6, F.A.C. and understand that I must be in possession of a current maintenance service permit in order to operate an aerobic treatment unit or performance based treatment system maintenance service. I further understand that a maintenance service permit may be revoked for failure to comply with the requirements of chapter 64E-6, F.A.C.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

County Health Department Recommendation: Approve \_\_\_\_\_ Disapprove \_\_\_\_\_

If disapproved, explain: \_\_\_\_\_

Recommendation by: \_\_\_\_\_ CHD Date \_\_\_\_/\_\_\_\_/\_\_\_\_