



Siskiyou County

Community Development Department

Environmental Health Division

Richard J. Dean, REHS
Director

Aaron Stutz, MD
Public Health Officer

Application for Registration of Sewage Disposal System Cleaning Service

I. Applicant

Name of Applicant: _____

Mailing Address: _____

Name of Business: _____

Business Address: _____

Relationship to Business: _____

II. Partner

Name of Partner: _____

Partner's Mailing Address: _____

III. Additional Partner

Name of Additional Partner: _____

Additional Partner's Mailing Address: _____

IV. Personal Information

Quality	Applicant	Partner	Other Partner
Age			
Height			
Weight			
Eye Color			
Hair Color			
Race			

V. Vehicles

Make	Tonnage	Year	Motor #	License #	Tank Capacity

Revised 9/1/2023

806 South Main Street
Phone: (530) 841-2100

Yreka, CA 96097
Fax: (530) 841-4076

VI. Questions for Applicant

- 1. Have you ever had a registration for cleaning sewage disposal systems revoked by any city, county or state?
Applicant Yes No, Partner Yes No, Other Partner Yes No
- 2. Have you ever willfully disregarded any sanitary law, ordinance or direction?
Applicant Yes No, Partner Yes No, Other Partner Yes No
- 3. Has your company or partnership ever been registered in this County? Yes No
- 4. Is your company or partnership currently registered in this County? Yes No
- 5. In what counties or states do you operate?

- 6. How long has your company been in operation? _____
- 7. How many employees do you have performing this work for you? _____
- 8. Is the equipment with which you work in such condition that no leakage of the contents of a sewage disposal system is possible? Yes No
- 9. Have you ever allowed your employees to perform their duties in a manner which endangered human health or comfort? Yes No
- 10. Name the specific locations where you plan to dispose of the cleanings?
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____

VII. I certify that the above statements are true to the best of my knowledge and belief. (Falsification of information required by this application shall constitute grounds for immediate revocation of registration.)

_____ Applicant's Signature (Authorized Officer of a business, owner or managing partner)	_____ Date
_____ Partner's Signature	_____ Date
_____ Other Partner's Signature	_____ Date

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Vehicles Approved: 1. _____ 2. _____ 3. _____

Examination Results:

Applicant: _____ Partner: _____ Other Partner: _____

Number of Certificates Issued:

Applicant: _____ Partner: _____ Other Partner: _____

Remarks:

Environment Health Official

Date