Fergus County Health Department
712 W Main Ste 102
Lewistown, MT 59457
Ph: 406-535-7433 Fax: 406-535-7434

FERGUS COUNTY ENVIRONMENTAL HEALTH
SUBSURFACE WASTEWATER TREATMENT SYSTEM
CERTIFIED INSTALLER APPLICATION

NAME: _____ **DATE:** _____

COMPANY NAME: _____
BUSINESS PHONE: _____ **CELL PHONE:** _____
E-MAIL ADDRESS: _____

BUSINESS ADDRESS
STREET ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

MAILING ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____

YEARS OF EXPERIENCE: _____

ANY CURRENT OR PAST LICENSES?

_____ **YES – LICENSE #:** _____ **LICENSE YEAR:** _____
LICENSING DISTRICT NAME: _____
CITY: _____ **STATE:** _____

LICENSE #: _____ **LICENSE YEAR:** _____
LICENSING DISTRICT NAME: _____
CITY: _____ **STATE:** _____

_____ **NO**

FOR OFFICE USE ONLY:

APPLICATION RECEIVED BY: _____; **DATE:** _____
$50 CERTIFIED INSTALLERS APPLICATION FEE PAID? _____ **YES, CHECK #**_____ **OR** ____ **NO**
TEST DATE: _____ **SCORE:** _____ **PASSED?** _____ **YES** _____ **NO**
LICENSE #: _____