



Island County Public Health

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APPLICATION FOR MAINTENANCE SERVICE PROVIDER EXAMINATION

Date: _____

Applicant Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Business Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Experience – Must have worked with a licensed MSP Company inspecting septic systems.

Years of Experience: _____

Give specific examples of experience (REQUIRED): _____

Licensed in another County? _____ Name of County/Counties _____

Employer: _____ Phone Number: _____

Address: _____

Employer: _____ Phone Number: _____

Address: _____

Applicable Coursework and/or Workshops Attended: (give dates) _____

IMPORTANT:

If applying for a Maintenance Service Provider Specialist/Alternative license, check mark all system types and system components that you have experience working with.

ATU
 White Water
 Nu Water
 Biomax
 Clear Stream
 Fast
 Nibbler
 Multiflow

Subsurface Drip
 American Manufacturing (Neta Fim)
 Geoflow
Packed Bed Filter
 Orenco Advantex

Proprietary Drainfield
 Glendon
 Oscar

Applicant's Signature

Date

Business Owner's Signature

Date

Note: Licenses are NOT transferable.

Professional References:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Note: The purpose of this application is to provide education/experience information to Island County Public Health for review. It does not constitute application for licensure as a Maintenance Service Provider.

Public Health Department Use Only:

Reviewed by: _____ Date: _____ Exam Recommended Yes / No