



## Installer Registration Application

www.healthygallatin.org

Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Business \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Email \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**Installer** an individual possessing a valid Registration of Competency to construct, repair, replace, or alter a WWTS based on demonstration of sufficient evidence of competence to install WWTS components in accordance with manufacturer’s instructions and requirements of DEQ 4.

**The Installer Registration of Competency is not transferable and shall be valid for a one year time period from February 1 through January 31.**

### Installer Registration Requirements

- Applications for a **new Installer** registration require:
  1. A registration Application.
  2. An exam fee and successful completion of the Installer examination with a score of 80% or greater. The applicant may be allowed one (1) re-test at no additional charge. (Exam fee includes the first year’s registration.)
- Applications for an Installer registration **renewal** require:
  1. A registration Application.
  2. A registration fee.
  3. The renewal Application must be made within sixty (60) days of the registration expiration.

### Study Material

1. Health Code Chapter 3, Regulations for Wastewater Treatment Systems (effective August 23, 2015)
  2. Health Code Chapter 3, Administrative Procedures For Wastewater Treatment Systems
  3. Administrative Rules of Montana (“ARM”) Section 17.36, Subchapter 9 (“Treatment Rules”)
  4. Circular DEQ 4, “Montana Standards for Subsurface Wastewater Treatment Systems.” (“DEQ 4”)
  5. Basic Pump and Pressure Distribution
- I understand that my registration file is public information and any complaints and/or Department reprimands are part of my file and are available for public viewing upon request.
  - I agree to adhere to all applicable state and local wastewater treatment or Sanitation Act regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This section to be completed by the Health Department						
<input type="checkbox"/> New	Amount Paid		<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> CC	Receipt #
		_____				_____
<input type="checkbox"/> Renewal	Date Tested	_____	Score	_____	Version Taken	_____
<input type="checkbox"/> Info Update	Date Tested	_____	Score	_____	Version Taken	_____
Approved By		_____	Date	_____	Registration Expires	_____