



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

Memorandum

DATE: April 29, 2014

TO: Portable Sanitation Business Licenses
and Certification Applicants

FROM: Chad Moorman, LEHP
Program Manager
Private Sewage Disposal Program

RE: Application for the Portable Sanitation Business Licenses and Certification of
Technicians.

To operate a Portable Sanitation Business in the State of Illinois you must first comply with the [Private Sewage Disposal Licensing Act](#) and [Section 905.135 of the Private Sewage Disposal Code](#) (Code). Please see attached application for a business license and application for individual certification of technicians and technician trainees. Please complete each form and return to the Department with all additional materials requested on the forms and the fees required for each form.

If you are licensed as a Private Sewage Disposal Pumping Contractor and submit a complete application with all appropriate fees and materials prior to July 1, 2014, you may apply for the Portable Sanitation Technician certification without the need for completion of the additional training as specified in Section 905.135 (h)(1)(C) of the Code.

If you have questions please contact Elaine Beard at elaine.beard@illinois.gov or 217-785-2069; or I can be reached at chad.moorman@illinois.gov or 217-524-4137.

Attachments



Portable Sanitation Certification Application

- TYPE OF APPLICATION:**
- Portable Sanitation Technician Trainee - nonrefundable fee of \$50
 - Portable Sanitation Technician - nonrefundable fee of \$50
 - Notification of Name/Address or Information Change. No Fee

Attach a check or money order, payable to: Illinois Department of Public Health. DO NOT SEND CASH.

Business Name _____

Business License Number _____

Applicant's Name _____

Applicant's Phone Number _____

Applicant's Home Address _____

City/State _____ ZIP Code _____

Date of Birth _____ Social Security Number _____

Private Sewage Disposal Pumping Contractor License Number 054 - _____

ATTACH CURRENT
2" X 2"
HEAD AND SHOULDERS
COLOR PHOTOGRAPH
HERE

No Hat or Dark Glasses

REMEMBER TO SIGN AND DATE

I hereby certify, under penalty of perjury, that issues of court ordered child support

- DO NOT apply to me or
- I AM delinquent or
- I AM NOT more than 30 days delinquent in complying with a child order support order.

Failure to check and sign this certification will result in the return of your application and delay in issuing your certification. Making a false statement may place you in contempt of court, (ILCS 110/10-65(c)).

Applicant's Signature Date

Technician Trainee Requirements:

Per Section 905.135 (g) of the Private Sewage Disposal Code, provide the following:

- Statement of ownership or employee of Portable Sanitation Business
- Completed approved training provided by the Portable Sanitation Business
- Attach non-refundable fee

Technician Requirements:

Per Section 905.135 (h) of the Private Sewage Disposal Code provide the following:

- Statement of ownership or employee of Portable Sanitation Business
- Completed approved training provided by the Portable Sanitation Business
- Attach copy of the certificate of completion from a Department approved training and education course.

Course Provider _____ Date _____

- Attach non-refundable fee

Central Office Use Only

Certification Number _____

This Illinois Department of Public Health is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 84-670. Disclosure of this information is mandatory.