



# Department of Health Examination Request for On-Site Wastewater Treatment System Inspector

Complete this form and scan and email to: [engineers@brpels.wa.gov](mailto:engineers@brpels.wa.gov)

Or mail to:

**Board of Registration for Professional Engineers and Land Surveyors**  
PO Box 9025  
Olympia, WA 98507-9025



For questions or help email [engineers@brpels.wa.gov](mailto:engineers@brpels.wa.gov) or call: (360) 664-1575.

**Applicant** \_\_\_\_\_

## Health Department request

TYPE or PRINT Health Department/Jurisdiction			
Address			
City	State	ZIP code	County
(Area code) Business phone	Email		
Examination request			
I request that _____ be allowed to take the On-Site Wastewater Treatment System Designer Examination.			

*I declare under penalty of perjury under the law of Washington that I am the director/director designee of the Health Department/ Jurisdiction indicated above, and thereby qualified to make this request.*

\_\_\_\_\_  
Date and place

\_\_\_\_\_  
TYPE or PRINT Name  
**X**  
Signature