



Tacoma | Pierce County

# Health Department

Healthier. Safer. Smarter.

**VALIDATION**

Official Use Only

CEU's:

Date Data Entered:

## 2010 TECHNICIAN AND SPECIALIST APPLICATION

Applying for:  O&M TECHNICIAN  O&M SPECIALIST

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**CONTINUING EDUCATION:** Include documentation of required training and experience with this application.

- **TECHNICIAN:** 8 hours training for initial certification; 4 hours training for certification renewal
- **SPECIALIST:** 24 hours training for initial certification and description of relevant experience; 8 hours training for renewal of certification.

<b>Specialist: Check all units for which you have completed vendor maintenance training and submit documentation.</b>							
<input type="checkbox"/>	AdvanTex	<input type="checkbox"/>	EcoFlo	<input type="checkbox"/>	Multiflo	<input type="checkbox"/>	Norweco/Singlair
<input type="checkbox"/>	AIRR	<input type="checkbox"/>	ECOPOD	<input type="checkbox"/>	Nayadic	<input type="checkbox"/>	Subsurface Drip
<input type="checkbox"/>	Bioclere	<input type="checkbox"/>	FAST	<input type="checkbox"/>	Nibbler	<input type="checkbox"/>	Waterloo
<input type="checkbox"/>	Biomax	<input type="checkbox"/>	Glendon	<input type="checkbox"/>	Nibbler Jr/Lite	<input type="checkbox"/>	Whitewater
<input type="checkbox"/>	Other DOH Listed Products: (Please Specify)						<input type="checkbox"/>

*I, the undersigned, hereby apply for certification as an **O&M Specialist or Technician** in Pierce County. I agree to comply with all requirements and responsibilities of this certification. I further certify that the above information is accurate and current. I understand that this certification may be suspended or revoked, or I may face disciplinary action for violating the applicable regulations of the Tacoma-Pierce County Health Department.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send this completed application and fee to:**

Tacoma-Pierce County Health Dept 3629 South D Street MS: 302 Tacoma, WA 98418-6813  
ATTN: Paula Marush at (253) 798-2889