

# 2019 Designer and Professional Engineer Process and Application



On-site sewage systems may only be designed by on-site sewage treatment system designers licensed under Chapter 18.210 RCW or professional engineers licensed under Chapter 18.43 RCW.

Submit the following by Feb. 15, 2019 to have your name included on the Health Department's courtesy reference list:

- Completed application.
- Copy of your Washington State Designer or Professional Engineer License.
- \$50 fee.

The expiration date on the public distribution list will be your State License expiration date. If license renewal is necessary during the year, provide a copy of your renewed license to remain on the list.

**Questions about the application process? Contact:**

Sara Bird (primary)

(253) 798-7692

[oscp@tpchd.org](mailto:oscp@tpchd.org)

[sbird@tpchd.org](mailto:sbird@tpchd.org)

Alisha Roston (secondary)

(253) 798-4727

[aroston@tpchd.org](mailto:aroston@tpchd.org)

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.

# 2019 Designer and Professional Engineer Process and Application



Designer

Professional Engineer

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Fax \_\_\_\_\_

Business Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Validation

WA State License:  
 Date Data Entered:

## Include with your application:

- A copy of your Washington State Designer or Professional Engineer License.
- A check or money order for \$50.

The expiration date on the public distribution list will be your State License expiration date. If license renewal is necessary during the year, provide a copy of your renewed license to remain on the list.

*I, the undersigned, agree to comply with all requirements and responsibilities set forth by Tacoma-Pierce County Health Department. I further certify the above information is accurate and current and understand my submittal privileges may be suspended if I fail to comply with State and County requirements.*

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

## Send this completed application and fee to:

Tacoma-Pierce County Health Department  
EH Certified Professionals  
3629 South D St. MS 1035  
Tacoma, WA 98418-6813

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.