

**FORM # 1**



**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
VERIFICATION OF STATE / TRIBE ISSUED CREDENTIAL  
Registered Sanitarian, Septic Cleaner, Septic Installer**

**APPLICANT:** Complete the top portion of this form and forward it to each state (other than Connecticut) or tribe that you have or have been credentialed as a Registered Sanitarian, Subsurface Sewage Cleaner or Installer.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of birth:     /    /                          Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
mm      dd      yyyy

Credential:     Registered Sanitarian             Septic Cleaner             Septic Installer

Credential Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ to furnish the Connecticut Department of Public Health the information requested below.

**APPLICANT: DO NOT WRITE BELOW THIS LINE - FOR CREDENTIALING AGENCY USE ONLY**

This certifies that the above entity was issued **credential number** \_\_\_\_\_ on     /    /     for:  
mm      dd      yyyy

Registered Sanitarian             Septic Cleaner             Septic Installer

1. Current Credential Status:  Active             Inactive             Lapsed

2. Date Credential Expires:     /    /      
mm      dd      yyyy

3. Has this individual ever been subject to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint:     YES             NO

**If Yes, please forward all publicly discloseable information regarding the encumbrance and basis for same. Please advise this office if you require consent for release of this information from the applicant.**

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

Mail To:

**Department of Public Health  
Environmental Practitioner Licensing Unit (EPLU)  
410 Capitol Avenue, MS# 51EPL  
P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509-7559 Fax: (860) 509-7295**