



# FLOYD COUNTY HEALTH DEPARTMENT

1917 BONO ROAD • NEW ALBANY, INDIANA 47150

PHONE (812) 948-4726 • FAX (812) 948-2208

WEBSITE: [WWW.FLOYDCOUNTYHEALTH.ORG](http://WWW.FLOYDCOUNTYHEALTH.ORG)

*Office Hours: Monday – Friday, 8:00 AM – 4:00 PM*

## INSTALLER'S RENEWAL APPLICATION

Company Owner: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Would you like your cell phone number to be listed on the Installer's Brochure? Yes or No

Fax Number: \_\_\_\_\_ Email (office use only): \_\_\_\_\_

Person who has taken FCHD's or IOWPA's installers test (if IOWPA, please include copy of certificate):

\_\_\_\_\_

Infiltrator ATL Certified? Yes or No      Presby Certified? Yes or No

Would You Like To Be Listed On the Installer's Brochure?

Yes or No

Do You Wish To Be Listed As An Installer Who Does Repairs?

Yes or No

If you are an IOWPA Certified Inspector, would you like to be listed as such on our brochure?

Yes or No

\*\* (NEW) Would you like to be listed as an Installer Who Locates Septic Systems?

Yes or No

Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_