BRPELS

BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS & LAND SURVEYORS

On-Site Wastewater Treatment Systems Designer Registration Application

23251 - Applications
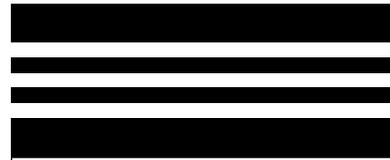
Apply to become an on-site wastewater treatment system designer.

Online: **https://professions.dol.wa.gov**

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

To become an on-site wastewater treatment systems designer:
- You must have a high school diploma or equivalent.
- You must have a minimum of 4 years of broad based, progressive field and office experience in the design of on-site wastewater treatment systems.

If you are not eligible but continue to apply and submit payment you will not receive a refund.

All applicants must:

1. Complete this form and send the signed application with a check or money order payable to BRPELS:
 Board of Registration for Professional Engineers and Land Surveyors
 PO Box 3777
 Seattle, WA 98124-3777

2. Complete the Experience and Verification section and send to the persons verifying the experience. The person verifying will send the completed form directly to our office.

3. If you want any education considered towards the requirements, request an official transcript be sent to:
 Board of Registration for Professional Engineers and Land Surveyors
 PO Box 9025
 Olympia, WA 98507

4. Before you can be approved for the exam you must complete and pass the Law Review.

Application Type (Check One)

☐ by Exam–$200
☐ by Comity (if you have a current Inspector license)–$75

Licenses are available for self-printing with an online account.
If you want us to print and mail your license add a $5 print fee for each copy to your payment.

☐ $0 self-print license online.

☐ $5 each. DOL print and mail license. Quantity [____] Total $[_____]

Applicant

TYPE or PRINT Name as you would like it to appear on your license	Maiden name *(If any–will not appear on certificate)*
Full legal name *(First, Middle, Last)*	

Social Security number*	Date of birth *(mm/dd/yyyy)*

Mailing address			

City	State	ZIP code	County

(Area code) Contact phone number	Email

Military? *(check if applicable)*
Current or former: ☐ Military member ☐ Military spouse or domestic partner

Exam location preference
☐ Eastern WA ☐ Western WA

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Applicant name _____

Legal background

Answer the following

Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, permit held by you? .... ☐ Yes ☐ No

2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions) .... ☐ Yes ☐ No

Educational background

Name and location of colleges, universities, technical schools attended	Dates of attendance From	To	Curriculum	Degree/Date

Experience record summary

Please list all of your employers below beginning with the most recent. This list is to include the entire time from leaving college (if applicable) or beginning your on-site designing career to the present time. Those periods while in school, unemployed, or non-designing work must also be included. If not verifying, indicate "No." Any experience not verified will not be counted towards the experience requirement.

Verification number	Time period (begin with most recent) From (month-year) To (month-year)	Employer	To be verified (yes or no)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Applicant name

X

_____   _____
Date and place   Applicant signature

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.