

## On-Site Wastewater Treatment Systems Designer Registration Application

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](mailto: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 for order for \$200, payable to the Department of Licensing, to:

**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
(Area code) Contact phone number		Email	
Military? (check if applicable) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Exam location preference <input type="checkbox"/> Eastern WA <input type="checkbox"/> 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 that 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, or permit held by you?..... Yes No

**Educational background**

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

**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**

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date and place

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