



COUNTY OF KERN MANAGE CERTIFIED PROFESSIONAL APPLICATION

<input type="checkbox"/> New Registration	<input type="checkbox"/> Renewal Registration: Date: _____	<input type="checkbox"/> Information Change Date: _____
Check only one per application:	<input type="checkbox"/> Registered Civil Engineer <input type="checkbox"/> Professional Geologist <input type="checkbox"/> Registered EH Specialist	<input type="checkbox"/> Class A: General Engineering <input type="checkbox"/> Class B: General Building <input type="checkbox"/> Class C-36: Plumbing <input type="checkbox"/> Class C-42: Sanitation System
	<input type="checkbox"/> NAWT Inspector Certification <input type="checkbox"/> NAWT Operation and Maintenance Certification <input type="checkbox"/> C-57: Well Drilling Contractor	

License/Certification #: _____ Expiration Date: _____

BUSINESS INFORMATION

Company Name:					
Mailing Address:					
City:		State:		Zip:	
Phone:		Cell Phone:		Fax:	
E-Mail Address:					
Care of:					
Mailing Address:					
City:		State:		Zip:	
E-Mail Address					

CERTIFIED PROFESSIONAL

Name:					
Address:					
City:		State:		Zip:	
Phone:		Alternate phone:		Fax:	
E-Mail Address					

Provide a copy of the professional license, contractor license, or certification with expiration date with this application.
Environmental Health must be given written notice within 15 days of any suspension or revocation of the license

I certify under penalty of perjury that the information given is true.

Signature of Applicant

Print Name

Date

COMMENTS

FOR OFFICIAL USE ONLY

	PI	AR#	SR #
	Total Fees Paid	Received By	Date Paid

