# ""TCEQ On-Site Sewage Facility (OSSF) Installer I Work Experience Requirements

MC 178, PO Box 13088, Austin, TX 78711-3088

Phone: (512) 239-6133 Fax: (512) 239-6272 Website: [www.tceq.texas.gov/licensing](http://www.tceq.texas.gov/licensing)

## Statement of OSSF Work Experience

In accordance with 30 Tex. Admin. Code § 30.240(5); to verify experience the applicant must submit:

1. Statements attesting to the applicant's work experience. Such statements shall include a description of the type of on-site sewage facility (OSSF) work that was performed by the applicant and the physical addresses where the activity occurred.
2. Sworn statements from at least three individuals for whom the applicant performed construction services, statements cannot be provided by individuals related to the applicant or applicant's spouse, such as a child, grandchild, parent, sister, brother, or grandparent; **or**
3. A sworn statement from a designated representative who has approved a minimum of three installations performed by the individual.

Applicant Name:       TCEQ OSSF Installer I Number:

### Property Owner Information and Experience

**Property Owner Name**:

Property Address:

City:       State:       Zip Code:

Phone:       Date Installed or Inspected:

Type of On-Site Sewage Facility (check all that apply):[ ]

[ ]  Standard Absorptive Drainfield [ ]  Gravel-less Pipe

[ ]  Unlined E-T Drainfield [ ]  Holding Tank

[ ]  Pumped Effluent Drainfield [ ]  Leaching Chamber

[ ]  Other Type Installation:

[ ]  I attest the above applicant installed an On-Site Sewage Facility at this location..

Property Owner Signature: Date:

**Property Owner Name:**

Property Address:

City:       State:       Zip Code:

Phone:       Date Installed or Inspected:

Type of On-Site Sewage Facility (check all that apply):[ ]

[ ]  Standard Absorptive Drainfield [ ]  Gravel-less Pipe

[ ]  Unlined E-T Drainfield [ ]  Holding Tank

[ ]  Pumped Effluent Drainfield [ ]  Leaching Chamber

[ ]  Other Type Installation:

[ ]  I attest the above applicant installed an On-Site Sewage Facility at this location..

Property Owner Signature: Date:

**Property Owner Name**:

Property Address:

City:       State:       Zip Code:

Phone:       Date Installed or Inspected:

Type of On-Site Sewage Facility (check all that apply):[ ]

[ ]  Standard Absorptive Drainfield [ ]  Gravel-less Pipe

[ ]  Unlined E-T Drainfield [ ]  Holding Tank

[ ]  Pumped Effluent Drainfield [ ]  Leaching Chamber

[ ]  Other Type Installation:

[ ]  I attest the above applicant installed an On-Site Sewage Facility at this location..

Property Owner Signature: Date:

**To be completed by Designated Representative**

[ ]  I approved a minimum of three (3) installations (listed above) performed by the applicant holding a current OSSF Installer I license.

Designated Rep. Signature: Date:

Designated Rep. License #:

**Applicant Signature**

[ ]  I affirm that the above information is true and correct. I understand that fraudulent or falsified information could result in denial of this application pursuant to Texas Administrative Code (TAC) 30.33 or revocation of my license pursuant to Texas Water Code (TWC) 7.303.

Applicant Signature: Date:

Print Applicant’s Name:

**Notary**

Before me, the signed authority, on this day personally appeared the above applicant, known to me [or proved to me through Texas Driver’s License number: ] to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration herein expressed.Given under my hand and seal this day

of , A.D. 20

 Notary Seal