

APPLICATION FOR TRAINING & LIMITED LICENSE: One form per trainee and make copies as needed.

Send form & payment to: PSMA, 4305 North Sixth Street, Suite A, Harrisburg, PA 17110 or fax to 717.238.9985

www.psm.net • 717.763.PSMA (7762)

Part I. Employer Declaration and Agreement—complete BEFORE training

The below identified Business (“Licensee”) hereby applies for a limited license to use the Onsite Wastewater Treatment System Inspection Standards promulgated by the Pennsylvania Septage Management Association, Inc. and the National Onsite Wastewater Education and Research Foundation, Inc. (“PSMA/NOF”). If granted, the license shall remain in effect only so long as the individual named in Part 2 of this Application, or another employee, is a Certified PSMA/NOF Inspector, as defined in the Training Policies of PSMA/NOF and remains in the employ of the below identified business, and only so long as the identified business identified in Part I remains a member of PSMA. The license shall automatically expire when either of these conditions ceases to exist.

As the employer of a PSMA certified Onlot Wastewater Treatment System Inspector, Licensee agrees and pledges that Inspectors in its employ will fully apply the Standards for every inspection that is presented or described to the client or any other party as constituting a “PSMA Inspection,” or words to that effect. Licensee agrees and pledges to comply with the PSMA Code of Ethics (Code).

Licensee acknowledges that failure to fully and strictly apply the Standards, or to misrepresent them, or failure to comply with the Code can result in decertification of the Inspector and expulsion from Association membership. Upon the approval of the Application by PSMA, Licensee will be legally bound by these terms. The person executing this Part I certifies that he or she is authorized to bind the identified Business to the terms hereof.

Business Name: _____ Signed: _____ Date: _____
(Candidate’s employer if different from candidate. If same, then candidate signs here.)

Company Name _____ Trainee’s Name _____

Address _____

City _____ State _____ Zip _____ E-mail _____

Phone _____ Fax _____

PSMA/NOF TRAINING

Check Correct Fee:

101 PSMA Member Tuition – \$350

102 PSMA Member Tuition – \$350

SR1 PSMA Member Tuition – \$150 (Wednesday)

Vacuum Truck Training PSMA Member Tuition – \$175 (Wednesday)

Vacuum Truck Training Non-Member Tuition – \$250 (Wednesday)

CANCELLATION DEADLINE:

Monday, March 26

No refunds will be given after this date.

If you have special needs, please contact the PSMA office at 717.763.PSMA.

PSMA Membership

Yes, I would like to join PSMA! My membership application is attached. I have checked the appropriate fee below.

\$350

\$400

\$450

\$500

\$600

\$750

TOTAL AMOUNT ENCLOSED: \$ _____

Make check payable to PSMA

Credit Card: Visa MasterCard Discover

Credit Card Number: _____ Exp. Date: ____/____/____ 3-Digit Security Code: _____

Name on Card: _____ Signature: _____

DO NOT COMPLETE PART 2. YOU WILL COMPLETE PART 2 AFTER THE TRAINING AND BEFORE THE TEST.

Part II. Inspector Candidate Declaration and Agreement—complete AFTER training

If I become certified as an Onsite Wastewater Treatment System Inspector by PSMA/NOF, I agree and pledge to fully apply the Standards for every inspection that I represent to the client or any other party as constituting a “PSMA Inspection,” or words to that effect. I agree and pledge to comply with the PSMA Code of Ethics (Code). I recognize that failure to fully apply the Standards or comply with the Code can result in my decertification and the revocation of my employer’s License to use the PSMA/NOF Standards. My signature signifies my acceptance and agreement to be legally bound by the above pledges and agreement.

I certify that I have completed the necessary training on ____/____/____ and that I am, to the best of my knowledge and belief, eligible to complete the certification exam.

Signed: _____ (Candidate’s signature at completion of training)