



WINNEBAGO COUNTY HEALTH DEPARTMENT

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Rockford, IL 61103

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OFFICE USE ONLY

Date Rec'd: _____

Amt. Rec'd: _____

Check #/Cash: _____

Receipt: _____

Truck Decal #: _____

PORTABLE SANITATION TECHNICIAN/TRAINEE

APPLICATION FOR LICENSE

Fee: \$65.00

APPLICANT INFORMATION

NAME: _____ PHONE: _____
(Individual to hold license)

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

WINNEBAGO COUNTY HEALTH DEPARTMENT

PORTABLE SANITATION TECHNICIAN/TRAINEE LICENSE NUMBER: _____

STATE OF ILLINOIS

PORTABLE SANITATION TECHNICIAN/TRAINEE LICENSE NUMBER: _____

BUSINESS INFORMATION

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STATE OF ILLINOIS PORTABLE SANITATION BUSINESS LICENSE NUMBER: _____

PORTABLE SANITATION TRUCK INFORMATION

HOW MANY TRUCK(S) ARE OPERATED? _____ ADDRESS WHERE TRUCK(S) ARE KEPT: _____

NAME/ADDRESS DISPLAYED IN 8 INCH HIGH LETTERS ON BOTH SIDES OF TRUCK? Yes No TANK CAPACITY: _____ (in gal)

TANK CONDITION (fly tight, leak proof): _____ TYPE OF PUMP: _____ SELF PRIMING: Yes No

DISCHARGE NOZZLE CAPPED: Yes No CONDITION OF HOSES: (Leaks, Cracks) _____ DIAMETER OF HOSES: _____

Method of Disposal	Location	Amount in Gal / Year	Approved by Treatment Authority
Municipal sewer or treatment plant:			

Applicant must submit training certificate or proof of continuing education credit from IDPH-approved training provider. Certificates/credits must have been earned within 1 year of this application and must not have been used for the previous year's license.

I, the undersigned, hereby certify that the above information is correct and should any of this information change, I agree to notify the Winnebago county Department of Public Health of any changes promptly and in writing. Furthermore, I understand and agree to abide by the requirements of the Private Sewage Disposal Code of Winnebago County (Chapter 9, Art. V).

APPLICANT SIGNATURE _____ DATE: _____

SANITARIAN SIGNATURE _____ DATE: _____

By typing your name in the signature box above, you are electronically signing this document.