# ""TCEQ On-Site Sewage Facility (OSSF) Apprentice 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 Apprentice Work Experience

In accordance with 30 Tex. Admin. Code § 30.240(5); to verify experience as an Apprentice, the applicant shall submit either:

1. A sworn statement from the installer for whom the individual performed construction services; or
2. A sworn statement from a Designated Representative who witnessed the individual working on at least six OSSF Installations

Applicant Name:

TCEQ OSSF Apprentice Registration Number: OS

### 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:

**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:

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Other Type Installation:

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Other Type Installation:

**Property Owner Name**:

Property Address:

City:       State:       Zip Code:

Phone:       Date Installed or Inspected:

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

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Unlined E-T Drainfield  Holding Tank

Pumped Effluent Drainfield  Leaching Chamber

Other Type Installation:

I affirm that: The applicant has performed the necessary construction on OSSF facilities (listed above) to gain the experience needed to obtain an OSSF Installer II license.

Signature of Installer: Date:

Installer OSSF. License #:

I affirm that: I witnessed the applicant a currently registered OSSF Apprentice working on at least six (6) (listed above) OSSF installations.

Designated Rep. Signature: Date:

Designated Rep. License #:

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 or Type 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