



Jersey Shore Regional Health Commission

628 Shrewsbury Avenue

Tinton Falls, NJ 07701

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APPLICATION: Registration to Install / Repair Septic Systems

Jersey Shore Regional Health Commission’s (JSRHC) **Chapter 9: Individual Subsurface Sewage Disposal Systems**, requires any persons desiring to perform the services of installation or repair of a Septic System, as individual or business entity, must first submit an application to do such with JSRHC. Applications are to be accompanied with a certificate of insurance that provides proof of proof of general comprehensive and liability insurance. Please attach a copy of the certificate of insurance with this application.

Name of Applicant: _____
Last, First, MI.

Name of Business Entity: _____

Business Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Phone Number: _____ **Alt. Phone:** _____

Email: _____

Provide three References. At minimum one reference should be an Engineer, Builder, etc., who have contracted with you with regards to Septic System Installation.

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

3. Name: _____ Relation: _____ Phone: _____

General Comprehensive and Liability Insurance Company Information

Name: _____ Policy Expiration Date: ____ / ____ / ____

In accordance with N.J.A.C. 7:9A-7.2, as amended by section, within Jersey Shore Regional Health Commission Chapter 9: Individual Subsurface Sewage Disposal Systems, I hereby submit an application to be placed on the Jersey Shore Regional Health Commission’s List Of Registered Onsite Sewage Disposal System Installers. I further certify that the information furnished on this application (and the attachments thereto) is true and accurate. I am aware that false swearing is a crime in this State and subject to prosecution

Signature of Applicant

Date

NOTE: Inclusion in this registration or resulting list does not constitute endorsement or approval by JSRHC