Septage Servicing New Business License Application
Service Septic Tanks, Holding Tanks, Seepage Pits, Grease Traps or Privies
Form 3400-020 (R 7/07) Page 1 of 2

State of Wisconsin
Department of Natural Resources
Septage Certification
PO Box 7921
Madison WI 53707-7921

Please type or print legibly with ink.

Notice: Completion and submission of this document with appropriate fees is mandatory under section 281.48, Wis. Stats., and Chapter NR 113, Wis. Adm. Code. Failure to properly complete and submit this form, with appropriate fees while continuing to service septic systems is a violation of section 281.48, and Chapter NR 113 and may result in a monetary penalty. Personally identifiable information on this form will be used to administer the Septage Servicing Business Program, to supply additional information on future training sessions and new Septage Servicing products and may be made available upon request under Wisconsin's Open Records law ss. 19.31-19.39, Wis. Stats.

The licenses expire on June 30 of every odd-numbered year. The fees are not pro-ratable for periods of less than two years. Please include the following fees when mailing this application to the Department of Natural Resources. Fees as of June 1997:

Resident Business:  
$50 per vehicle X _____ vehicles = $_______  
$100 Groundwater fee = $100.00  
Total Due = $_______

Non-Resident Business:  
$100 per vehicle X _____ vehicles = $_______  
$100 Groundwater fee = $100.00  
Total Due = $_______

1. Ownership is:  
☐ Individual  ☐ Partnership  ☐ Corporation

2. Name of Business

Street or Route

Name of President  Name of Secretary

City  State  ZIP Code

Telephone Number (  )

Fax Number (  )

3. If ownership is a corporation, is it incorporated under Wisconsin laws? ☐ Yes ☐ No
   If incorporated elsewhere, is it licensed to do business in Wisconsin? ☐ Yes ☐ No

4. Location from which business is to be conducted
   ☐ City  ☐ Township  ☐ Village of

County

E-Mail

5. Do you intend to haul to a treatment plant? ☐ Yes ☐ No
   If yes, provide treatment plant name and location.

6. You must have a certified operator appointed as the Operator-in-Charge before the business license can be issued. Businesses that landspread are required to have an Operator-in-Charge certified at the Grade L level. Businesses that NEVER landspread are required to have an Operator-in-Charge certified at least as a Grade T operator.
   Does this business landspread? ☐ Yes ☐ No

Printed Name of Operator-In-Charge (if different than the owner)

Certification Number

Signature of Operator-In-Charge  Date Signed

When the business is owned by a corporation, the authorized officer must sign and date this form.

I hereby certify that all the information contained herein is true to the best of my knowledge.

Printed Name of Authorized Officer For Corporation Completing Form  Signature  Date Signed

For DNR Use Only

Operator-In-Charge Certification Number  Operator-In-Charge Certification Grade Level  Operator-In-Charge Certification Expiration Date
When the business is owned by an individual or partnership, all business owners must sign and date this form.

I hereby certify that all the information contained herein is true to the best of my knowledge.

<table>
<thead>
<tr>
<th>Printed Owner Name</th>
<th>Are you a Wisconsin resident?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
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NOTE: In future correspondence please identify yourself by full name, business name, and sanitary license number on any letters, forms, checks, etc., which you send to the Department of Natural Resources.

Please provide the names, certification numbers and expiration dates of those operators you will have employed at the time your business license is issued.

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Certification No.</th>
<th>Certificate Expiration Date</th>
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</thead>
</table>

NOTE: When a business hires new employees who are not certified operators, a Septage Operator in Training Notification (Form 3400-174) must be submitted before the operator's start date. See NR 114.16(2).
Notice: Individuals are required to provide a social security number (SSN) or Federal Employer Federal Identification Number (FEIN) to be used as specified below.

1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
   - under s. 29.024(2g)(a) Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
   - under 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals

2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
   - under s. 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
   - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)b5, Wis. Stats.] and collect taxes from individuals and businesses [sections 73.0301(2)c2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Wisconsin Revisor of Statutes Bureau.

- Visit their internet site at [http://www.legis.state.wi.us/rsb/](http://www.legis.state.wi.us/rsb/) or
- If you do not have internet access, call (608) 266-2011.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any **personal** license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

<table>
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<tr>
<th>Applicant Information</th>
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<tbody>
<tr>
<td><strong>Last Name</strong></td>
<td><strong>First</strong></td>
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<tr>
<td><strong>Telephone Number</strong></td>
<td><strong>SSN For Individual</strong></td>
</tr>
<tr>
<td><strong>Business</strong></td>
<td><strong>Business Telephone Number</strong></td>
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<tr>
<td><strong>Address</strong></td>
<td><strong>City</strong></td>
</tr>
<tr>
<td></td>
<td><strong>State</strong></td>
</tr>
<tr>
<td></td>
<td><strong>ZIP Code</strong></td>
</tr>
</tbody>
</table>

**Certification**

I certify that information provided on this form is true and correct.

**Applicant Signature**  **Date Signed**

DNR Use Only

| **License, Registration, Certification or Permit Type** | **License, Registration, Certification or Permit Number** |