Santa Barbara County
PUBLIC Health
DEPARTMENT

Environmental Health Services

225 Camino Del Remedio ◆ Santa Barbara, CA. 93110
2125 S. Centerpointe Pkwy., #333 ◆ Santa Maria, CA 93455-1340

LIQUID WASTE VEHICLE REGISTRATION APPLICATION

FOR OFFICE USE ONLY

Permit Number: PR0 _____
Facility Number FA00_ _____
Program Element: 4244
Recd by: _____
Date Recd: _____
Amt. Recd: _____
Receipt No.: _____
Check No.: _____
Effective Date : _____

1. Applicant: ☐ Owner ☐ Contractor ☐ Corporation
2. Name of Business: _____
3. Business Addresss: _____
4. Name of Applicant: _____
5. Owner's Name _____
6. Owner's Mailing Address _____
   Street City/Town Zip Code
7. Telephone No. (_____) _____ - _____ FAX or E-Mail Address _____
8. Job location _____
   Street Number Direction Street Name City/Town Zip Code
9. Vehicle Year: _____ 10. Make: _____ 11. Vehicle License #: _____
12. Vin Number: _____ Type of Tank: ☐ Steel ☐ Fiberglass
13. Capacity Total: _____ gallons 14. Waste: _____ gallons 15. Water: _____
16. Gauge or other devices to indicate capacity of contents: _____
17. Type of Sludge Pump: ☐ Vacuum ☐ Portable Engine (if portable) Engine size: _____
18. Where Cleaned/Disposal: _____
19. Name of "Qualified Inspector" as defined in Chapter 29 of the Santa Barbara County Code? _____
20. Person in possession of, or working under, a ☐ C-36 (plumbing), ☐ C-42 (sanitation), or ☐ A (engineering) licence, OR Satisfactorily completed a septic system inspection & certification program approved by Environmental Health Services:

    Name of Person: _____

Certification of Application(s)

In accordance with the requirements of State law and County Ordinance, I, (we) do hereby make application to register a Liquid Waste Vehicle and certify that the above information is true and correct.

_____	_____	_____
Print Name	**Signature**	**Date**
_____	_____	_____
Print Name	**Signature**	**Date**

FOR OFFICE USE ONLY

Application: ☐ **Approved** ☐ **Denied By** _____ **Date** _____

Invoice # _____ **Date** _____ **By** _____

Permit Conditions: _____

Final Inspection/Clearance by _____ **Date:** _____