



On-site Sewage System
Annual Renewal Form
Proprietary Products

**Checklist for the Annual Renewal of
Proprietary Distribution and Treatment Products**

TO: Office of Environmental Health and Safety
Wastewater Management Section

I am enclosing the following completed items for the application for registration or modification of an On-site Sewage System Proprietary Distribution Product.

- Annual Renewal Form for On-site Sewage System Proprietary Product (see page 2)
- Notarized Annual Renewal Verification Affidavit (see page 3)
- Applicable Fees (\$100.00 renewal fee)
NOTE: There is an additional \$100.00 fee for each separately listed series or model.
- Retesting results if the product has completed retesting since initial registration or previous renewal.

Total Remittance \$100.00 x _____ Check # _____ payable to the Department of Health

Return this form to: wastewatmgmt@doh.wa.gov

AND

Remit payment with page 1 of this form to: DOH Wastewater Management Section, PO Box 1099, Olympia, WA 98507-1099

Incomplete submittal will delay processing. Keep a copy of everything you submitted for your records.

For persons with disabilities, this document is available upon request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

For Department of Health Revenue Use Only	
0597267065	\$100.00 renewal fee

Print and remit this page only with payment



On-site Sewage System
Annual Renewal Form
Proprietary Products

APPLICANT INFORMATION

Date of Application: _____

Manufacturer's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact's Name: _____

Contact's Title: _____

Phone: _____

Email: _____

Website: _____

Contact's Address *If different from Manufacturer's*

Address: _____

City: _____

State: _____ Zip: _____

Product Name: _____

Model: _____

PRODUCT REGISTRATION RENEWAL REQUIREMENTS

All product registrations expire on December 31st of each year. Manufacturers who wish to continue product registration must apply for renewal by submitting this completed renewal form, plus the following:

- (a) The Verification Affidavit form (page 3 of this form) as required in WAC 246-272A-0120(5)(c);
- (b) The annual renewal fee as described in WAC 246-272-2000; and,
- (c) Retesting results if the product has completed retesting since initial registration or previous renewal.

FEES (WAC 246-272-2000)

Fees for proprietary product renewal are established by Washington Administrative Code (WAC 246-272-2000).

The annual renewal fee is \$100.00 per product.

Each model or series listed separately must be renewed under separate applications.

For more information contact (360) 236-3330 or wastewatermgmt@doh.wa.gov.



On-site Sewage System
Verification Affidavit for
Annual Renewal of Proprietary Products

I, _____, certify
(Print name of person giving affidavit)

that I represent _____, and I am
(Print name of manufacturing company)

authorized to give this affidavit on behalf of _____
(Print name of manufacturing company)

I understand that I am required to inform the Washington State Department of Health of any change in the proprietary product over the previous year of registration. I understand that this verification is required by Washington State law because I have applied for renewal of proprietary product registration under WAC 246-272A-0120(5) or WAC 246-272A-0145(5).

I certify that _____
(Print name and model of proprietary product)

- Check one: [] has not changed over the previous registration year.
[] has changed over the previous registration year. A full description of the changes is provided below (changes may require an initial product registration form be completed):

(Description of product changes, attached additional sheets if necessary)

(Electronic signature of person giving affidavit)

(Manufacturing company name)

Address

_____ City, State, Zip Phone #