Logo

Description automatically generatedRenewal Application and Verification Affidavit   
for Sewage Tank Registration

Return this form to: [wastewatermgmt@doh.wa.gov](mailto:wastewatermgmt@doh.wa.gov)

*OR*

DOH Wastewater Management Section, PO Box 47824, Olympia, WA 98504-7824

# Renewal Requirements for Sewage Tank Registration

All sewage tank registrations expire on December 31 of the **third** year of registration. Manufacturers who wish to continue registration must apply for renewal by submitting this completed renewal form, including page 2, the Verification Affidavit, as required in WAC 246-272C-0140(3).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | |  | Date of Application: | |  |
| Manufacturer’s Name: | | | |  | | | | | | |
| Address: |  | | | | | | | Product Name: |  | |
| City: |  | | | | | | | Model: |  | |
| State: |  | | Zip: | |  | | |  |  | |
| Phone: |  | | | | | | |  |  | |
| Email: |  | | | | | | |  |  | |
| Website: |  | | | | | | |  |  | |
|  | | | | | | | | | | |
| Agent Information *If different from Manufacturer’s* | | | | | | | |
| Agent’s Name |  | | | | | | |
| Address: |  | | | | | | |
| City: |  | | | | | | |
| State: |  | Zip: | | | |  | |
| Phone: |  | | | | | | |
| Email: |  | | | | | | |

# Agent Certification

I certify that I represent (insert manufacturer's name) and I am authorized to prepare or direct the preparation of this Application for Sewage Tank Registration Renewal. I attest, under penalty of law, that this document and all attachments are true, accurate, and complete.

|  |  |
| --- | --- |
| Signature | Date |
| Printed Name | Title |

# Verification Affidavit for Sewage Tank Registration

I,       , certify that

(Print name of person giving affidavit)

I represent       , and I am

(Print manufacturing company name)

authorized to give this affidavit on behalf of

(Manufacturing company name)

I understand that I am required to inform the Washington State Department of Health of any change in sewage tank design or structure specifications since the previous registration (changes may require an initial registration form be completed). I certify that any changes that have occurred do not affect the structural integrity of the sewage tank or installation requirements. I understand that this verification is required by Washington State law because I have applied for renewal of sewage tank registration under WAC 246-272C.

I certify that

(Name and model of tank)

Check one:  has not changed from the previous design registered.

has changed from the previous design registered and that any changes that have occurred do not affect the structural integrity of the sewage tank or installation requirements. A full description of the changes is provided below:

|  |
| --- |
|  |
|  |

(Description of tank design changes)

(Signature of person giving affidavit)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Manufacturing Company Name: | |  | | | | |
| Address: |  | | | | | |
| City: |  | | State: |  | Zip: |  |
| Phone: |  | |  | | | |