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te: In order to fill and save this form electronically, it must be opened using Adobe Reader or Acrobat software. Save a copy of the file, open Adobe Reader, select File > Open and browse for the file you saved.

State of Wisconsin, DNR Septage Certification EA/7 PO Box 7921 Madison, WI 53707-7921 dnr.wi.gov

# Septage: Operator-in-Training (OIT) Registration Application

Form 3400-174 (R 07/23)

Notice: Pursuant to sub. NR 114.16 (2), Wis. Adm. Code, this form is required to be completed and submitted to the Department of Natural Resources (DNR) before an operator-in-training (OIT) engages in septage servicing. Pursuant to s. NR 114.245, Wis. Adm. Code. and s. 281.48(3)(e) and (5s), Wis. Stats, the department may follow the procedures for the issuance of a citation under ss 23.50 to 23.99, Wis. Stats. to collect a forfeiture for a violation of ss. NR 114.16 to NR 114.23, Wis. Adm. Code. Personal information collected will be used for administrative and enforcement purposes and may be provided to requester's to the extent required by Wisconsin Public Records laws (ss. 19.31-19.39, Wis. Stats.).

		'	, ,		
Septage Business Information					
Business Name			Phone Number (include area code)		
Address			City	State	ZIP Code
OIC Name		OIC Certification No.			
Contago Dupinggo Lipongo No		Email			
Septage Business License No.					
<b>Operator-in-Training Applicant Information</b>	1				
Last Name First		First	Middle Initial		
Address			City	State	ZIP Code
Phone Number (include area code)		Email			
Was applicant been previously registered as an Ol		14 16(2))	? O Yes O No If yes, provide	oporator numbor:	
was applicant been previously registered as an OI	T (SUD. NR T	14.10(2))			

Include \$25 application processing fee

Include photocopy of applicant's driver license

#### Operator-in-Training Acknowledgement

**OIT Signature** 

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I understand that this certification is valid for twelve months. As an operator-in-training, I must obtain my septage operator certification by passing the appropriate exam within this twelve month period. I understand that I must hold a valid driver's license. The information contain herein is true to the best of my knowledge.

Date

Operator-in-Charge Acknowledgement						
department that the OIT meet chambers, seepage beds, see onsite wastewater treatment s for twelve months following d assume responsibility for the	ator-in-charge (OIC), I shall submit the 3400-174 request, an its registration requirements before this applicant begins serv epage pits, seepage trenches, distribution cells, sanitary grea system (pursuant to par. NR 114.16(2)(c), Wis. Adm. Code). epartment approval. I understand that this applicant will be so actions of this OIT. The applicant may service portable restro r. NR 114.153(8), Wis. Adm. Code. The information contained	icing septic tanks, holding tanks, dosing ase interceptors, or any other part of a private I understand that the OIT certification is valid ervicing under my septage certification, and I boms as a portable restroom servicing				
OIC Signature		Date				
DIT Social Security Number	Important: Pursuant to ss. 299.07 and 299.08, Wis. Stats., when applying for a WDNR certification. The SSN may not Department of Children and Families or the Wisconsin Dep purposes, respectively. The SSN will not be retained in the	be disclosed to anyone except the Wisconsin artment of Revenue for child support and tax				

Form 3400-174 (R 07/23)

## Instructions

## Introduction.

- 1) This form is designed to collect and provide necessary information to the department to efficiently and consistently evaluate operator- in-training (OIT) registration pursuant to ch. NR 114, Wis. Adm. Code.
- 2) Along with this form, the applicant must submit a check for \$25 made payable to the Wisconsin Department of Natural Resources.
- Applications must be mailed to: Wisconsin Department of Natural Resources; ATTN: DNR Septage Operator Certification EA/7; PO Box 7921; Madison, WI 53707-7921.
- 4) Incomplete applications (including lack of payment) may be rejected or returned.
- 5) Applications submitted on modified or altered 3400-174 forms will not be processed.

## Septage Business Information.

- 1) Licensed Septage Business, Phone Number, Mailing Address, City, State, ZIP Code, and Email Address.
  - a) Complete the information as shown on page 1.
  - b) The information provided shall be identical to the information on the Septage Business License. If the information on the Septage Business License is incorrect or requires an update, please correct with the appropriate DNR representative prior to submitting the OIT request.
  - c) Include the telephone number and email address of the contact person (example: operator-in-charge) responsible for the OIT.
- 2) Include the full name of the operator-in-charge ("OIC").
- 3) Include the operator certification number of OIC.

## **Operator-in-Training Applicant Information.**

- 1) Identify the full name of the OIT, and provide the OIT's contact information including mailing address, phone number, and email address.
- 2) Identify if the applicant has been previously registered as an OIT. If applicant was previously registered as an OIT, provide their operator number. Note: After 5 years from the end of the last O/T 12-month term, a person that was registered with the department as an O/T may be re-registered with the department as an O/T and engage in septage servicing for up to 12 months without being certified pursuant to sub. NR 114.16(2), Wis. Adm. Code.
- 3) Check the box and provide the \$25 application processing fee (pursuant to par. NR 113.20(1)(d), Wis. Adm. Code).
- Provide a photocopy of the applicant's current driver's license in the space provided on page 1. A photocopy of the applicant's driver's license may be provided on an additional piece of paper.

## Operator-in-Training Acknowledgement Statement.

- 1) The OIT indicates their agreement in this section.
- 2) The OIT prints their name in the spaces provided, signs, and dates the application.
- 3) Failure to provide OIT signature may result in delay or denial of the registration application.

## Operator-in-Charge Acknowledgement Statement.

- 1) The OIC indicates their agreement in this section.
- 2) The OIC prints their name in the space provided, signs, and dates the application.
- 3) Failure to provide signature will result in denial of the OIT registration application.

## **Operator-in-Training Social Security Number.**

1) Provide the applicant's social security number (SSN). Failure to provide the SSN will result in denial of the OIT application. **Note:** The SSN will be removed from the application during processing, and not retain as part of the DNR operator certification program's records.