

# Form OS-02



## APPLICATION TO REGISTER AS A DESIGNER OF ON-SITE SEWERAGE FACILITIES

Name >> .....

Organisation (if applicable) >> .....

Postal address >>.....  
.....Post code.....

### Other details >>

Phone..... Fax.....  
Mobile..... Email.....

### Details of accredited training programs >>

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### History in site and soil evaluations and on-site sewerage design >>

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### I acknowledge and agree that >>

- All work carried out in relation to the site and soil assessment, design and installation of on-site sewerage facilities must be carried out so as to comply with the *Plumbing and Drainage Act 2002*, all relevant regulations, local laws, codes and standards;
- I shall provide reports in an acceptable format, which would include a completed *Form OS-03 Design certificate for on-site sewerage facilities*;
- I shall provide at the completion of the works a completed *Form 8 Notice of compliance on-site sewerage work*, together with a certified as-constructed plan of the installation. I will carry out (or have carried out on my behalf) whatever inspections I feel necessary to enable me to provide this documentation;
- If I breach any aspect of the above agreement this registration may be cancelled.

Signature >>.....Date .....

Office Use Only >>	Date received .....
Officer name.....	Date approved .....