



**Long Island Liquid Waste Association, Inc.**  
 25 Northfield Drive West  
 Lake Ronkonkoma, NY 11779  
 Tel: (631) 585-0448 Fax: (631) 585-0262

**Registration for LILWA Certification Training Seminar and Testing**

Name of Company \_\_\_\_\_

Owner / Officer \_\_\_\_\_

Address \_\_\_\_\_

Telephone(s): 1 \_\_\_\_\_ 2 \_\_\_\_\_ Fax: \_\_\_\_\_

I am currently a LILWA member in good standing.  Yes  No

Company EPA # \_\_\_\_\_ Number of Service Units \_\_\_\_\_

Nassau County Consumer Affairs License #: \_\_\_\_\_

Suffolk County Consumer Affairs License #: \_\_\_\_\_

Disposal Facilities Utilized: \_\_\_\_\_

Customer References: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Proposed Certification Supervisor(s): \_\_\_\_\_

Names of your Candidates for LILWA Certification: (Use back of page if more space is needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I hereby certify that the company I represent is licensed to service or install septic systems and/or to transport septic liquid waste under the laws of the jurisdiction(s) in which we operate; that the candidates named herein meet the minimum requirements for certification under the LILWA by-laws and certification standards.*

*I understand that candidates will not be certified until all required documents and fees are received by the LILWA Certification Committee. I understand that late arrivals will be refused entry to the seminar/test and must reschedule.*

X \_\_\_\_\_  
 Signature Title Date

Fees: \$50 per candidate for LILWA Members - \$100 per candidate for non-members

Number of candidates: \_\_\_\_\_ @ \$ \_\_\_\_\_ Total fee(s) enclosed: \$ \_\_\_\_\_

Mail your check along with this form to the LILWA office at the above address. No candidate will be admitted to the seminar unless this form has been received and all fees have been paid.