

# REGISTRATION

CEU/PDH Course

REMINDER: Each certificate holder shall be responsible for maintaining appropriate records and providing proof of credit earned every calendar year.

I. Select appropriate profession and scheduled date(s) to attend:

Certified Installer  
Date: \_\_\_\_\_ **2012**  
License No. **CI** – \_\_\_\_\_

Certified Pumper  
Date: \_\_\_\_\_ **2012**  
License No. **CP** – \_\_\_\_\_

Certified Professional Evaluator  
Date: \_\_\_\_\_ **2012**  
License No. **CPE** – \_\_\_\_\_

II. Print name of person attending: \_\_\_\_\_

III. Print email address, if available: \_\_\_\_\_

IV. Mail this sheet with payment to:

Mississippi State Department of Health  
Division of On-site Wastewater  
805 South Wheatley Street, Suite 340  
Ridgeland, MS 39157

**Office:** 601-991-6030