



COUNTY OF RIVERSIDE DEPARTMENT OF ENVIRONMENTAL HEALTH

(888)722-4234 • RIVCOEH.ORG

Office Use Only

Year Applicable 20__
<input type="checkbox"/> QSP <input type="checkbox"/> PR <input type="checkbox"/> REHS
CI
AR

QUALIFIED SERVICE PROVIDER (QSP) PROFESSIONAL OF RECORD (PR) REGISTRATION APPLICATION

REGISTRATION INFORMATION

Percolation reports and OWTS certifications submitted to this Department must be performed in compliance with the Local Agency Management Program (LAMP). Percolation reports must be performed by a registered PR. OWTS certifications must be performed by a QSP or PR.

Applicant shall submit the following as a complete package to obtain registration:

1. Completed QSP/PR Registration Application.
2. Copy of current C-42, C-36 and/or Class A General Contractor's License issued by the State of California or provide proof of licensing or registration as a Professional Engineer, Registered Civil Engineer, Geologist, or Registered Environmental Health Specialist. License must be in good standing with issuing agency.
3. Color copy of California Driver's License.
 - Attachments are required at this time or application is considered denied.

Methods for submittal:

1. Email completed package to DEHOWTS@rivco.org.
2. Submit completed package to the Downtown Riverside or Indio Office.

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	If renewal, prior CI# _____	
REGISTRANT/ CONTRACTOR INFORMATION	Name of Licensee		
	Company Name <small>If registering a company, please send in all signers' IDs with companies' information on separate page</small>		
	Business Address	City	Zip
	Mailing Street Address	City	Zip
	Phone	E-mail	
CHECK 1 BOX ONLY	<input type="checkbox"/> QSP: C-42/C-36/Class A (circle one)		<input type="checkbox"/> PR: PE/CE/PG (circle one) <input type="checkbox"/> REHS
	License Number (attach copy of applicable license): #		Expiration Date:
FOR QSP:	Do you provide liquid waste pumping services? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, DBA:

I understand that I will perform my duties as a QSP/PR in accordance with Riverside County's LAMP and Ordinance 650. Failure to do so may result in the revocation of my registration and/or other legal remedies. I further understand that my activities may be audited at random to ensure compliance with the Riverside County LAMP and Ordinance 650. I also understand that I **shall not provide a Service Agreement for an Alternative Treatment Unit (ATU)** unless I am trained by the manufacturer of that ATU. Liquid waste pumping shall be conducted in accordance with Ordinance 712. Liquid waste haulers shall be registered with this department. I state that the above information is true and correct and understand my responsibilities as a Registered QSP or PR.

I will notify DEH of any changes during this calendar year _____ initials

This registration is **not transferable** and **expires on December 31st of each year.**

Registrant's Signature: _____ Date: _____

OFFICE USE ONLY

REGISTRATION INFORMATION	
QSP/PR Registration Number: CI# _____	
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application

PAYMENT INFORMATION	
Receipt #	
Check #	
Credit Card Approval #	
Fee	\$ _____

EXPIRES DEC 31, _____

HS _____ EMAIL _____ CDL _____ LICENSE VERIFIED _____ QSP _____ PR _____ REHS _____ Q _____

For our office locations call us at (888) 722-4234 or visit our website at www.rivcoeh.org