



SSTS Business License Application

Subsurface Sewage Treatment System (SSTS) Program

Detailed Instructions on Page 9

Doc Type: License Application

Purpose: Complete this application to acquire a Business License.

Instructions: Submit this application once you have a surety bond, insurance, and have employed a Designated Certified Individual (DCI). The owner(s), partner(s) or corporate officer(s) must complete and sign the application.

Mail completed application: Minnesota Pollution Control Agency
c/o Jane Seaver
520 Lafayette Road North
St. Paul, MN 55155-4194

Applicant Information (Please print)

1. License status (check all that apply):

- License status options: New or, Change to license #, Add specialty area(s)

2. License specialty areas (check all that apply):

- License specialty areas: Maintainer, Inspector, Service provider, Advanced inspector, Installer, Designer, Advanced designer

3. License fee:

\$200 license fee per specialty area/\$400 maximum
Make check or money order payable to: Minnesota Pollution Control Agency

Business Information

Identifying Information: (Use individual name only if no business name is used.)

4. Business name:
*Designated address:
City: State: Zip code:
County: Telephone:

Owners, Partners, or Officers Information: (List all and attach additional sheets if necessary.)

5. Name: Title:
Mailing address:
City: State: Zip code:
County: Telephone:
Name: Title:
Mailing address:
City: State: Zip code:
County: Telephone:
Name: Title:
Mailing address:
City: State: Zip code:
County: Telephone:

***Tennessee warning:** Pursuant to Minn. Stat. § 13.41, the information you provide on this application is classified as private data (except for your name and designated address) until the time you are licensed/certified. Once you are licensed/certified, all the information provided will be classified as public data and become part of the MPCA's public file. If you are not licensed/certified, the information provided (except for your name and designated address) will continue to be classified as not public data. You are being asked to provide the requested information to assist the MPCA in processing your application. The MPCA will use the information when determining your qualifications for obtaining a license/certification. You are not legally required to provide any of the requested information. If you supply the requested information, it will be used to process your application. If you do not supply the requested information, it will be difficult for the MPCA to determine your qualifications for licenser/certification. While your application is pending, the not public data that you submitted will be available only to authorized personnel within the agency and to those authorized or required by law or court order. In such cases, it may then be shared with other agencies, including the Minnesota Department of Revenue, the Office of the Minnesota Attorney General and persons contacted for purposes of verification or investigation. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your credentials after it is issued.

Bond, Insurance, and Tax Information:

Notice: The Minnesota Pollution Control Agency (MPCA) has the authority to collect your Social Security number (SSN) pursuant to Minn. Stat. § 270A.04, subd. 4. Disclosure is voluntary. If you choose not to, the MPCA will still process your application or provide the requested services. If provided, the MPCA will use your SSN to facilitate payments and collections. Your SSN will only be available to authorized personnel within the MPCA, accounting system users, the Minnesota Department of Revenue or as otherwise required by law or court order.

6. Minnesota business tax ID number: _____ Social Security number (required if no business tax ID): _____
- Original SSTS Surety Bond with Surety Company Power of Attorney attached
- Proof of General Liability Insurance attached
- Proof of Workers Compensation Insurance attached **OR**
- Exempt from Workers Compensation Insurance due to sole proprietorship without employees

Designated Certified Individual (DCI) Information

Note: Every DCI **must** be listed and have completed a Certificate of Employment form. (Attach additional sheets for additional DCIs.)

DCI Individual #1 Information:

7. Name: _____ SSTS Certification # : _____
- Current SSTS certification endorsements (check all that apply):
- Maintainer Designer Advanced Designer Installer
- Service Provider Inspector Advanced Inspector
- My certification is currently restricted because:
- I am currently gaining experience as an apprentice of an enforcement action
- Other (specify): _____

DCI Individual #2 Information:

8. Name: _____ SSTS Certification # : _____
- Current SSTS certification endorsements (check all that apply):
- Maintainer Designer Advanced Designer Installer
- Service Provider Inspector Advanced Inspector
- My certification is currently restricted because:
- I am currently gaining experience as an apprentice of an enforcement action
- Other (specify): _____

DCI Individual #3 Information:

9. Name: _____ SSTS Certification # : _____
- Current SSTS certification endorsements (check all that apply):
- Maintainer Designer Advanced Designer Installer
- Service Provider Inspector Advanced Inspector
- My certification is currently restricted because:
- I am currently gaining experience as an apprentice of an enforcement action
- Other (specify): _____

Certification

This confirms that the business will comply with the provisions of Minn. R. 7083.0720, including:

1. Ensuring that all SSTS work is conducted according to applicable requirements
2. Ensuring that the business's certified individuals or apprentices fulfill the conditions under Minn. R. 7083.0710 to 7083.0800
3. Designating an adequate number of certified individuals to meet the requirements under Minn. R. 7083
4. Maintaining the bond and insurance required under Minn. R. 7083.1000
5. Preparing and submitting written reports according to local ordinance requirements and requirements in Minn. R. 7083, 7081, and 7081
6. Notifying the commissioner in writing within 30 days if the business has:
 - i. A change of address
 - ii. A change in certified individuals
 - iii. A change in bond or insurance coverage
7. Maintaining all reports for a minimum of five years
8. Design and Advanced Design Licensees must:
 - i. Inform the proposed system owner of the type classification of the system under Minn. R. 7080.2200 to 7080.2400
 - ii. Provide written reasonable assurance of system performance to the local unit of government including, but not limited to:
 - a. Adherence to system type requirements; or
 - b. Technical basis for design elements for Type II to Type V systems; and
 - c. Prepare detailed design sheets, drawings, calculations, materials, system layout and elevations.
9. Inspectors and Advanced Inspector Licensees must:
 - i. Submit a completed version of the Minnesota Pollution Control Agency's existing inspection form to the local unit of government and the property owner within 30 days after any existing system compliance inspection.
10. Installer Licensees must:
 - i. Ensure all work is done according to an approved design report
 - ii. Notify the local unit of government when work is in need of required inspections
 - iii. Provide as-built drawings to the owner and local unit of government within 30 days of system installation
 - iv. Maintain quality control and quality assurance records for five years
 - v. Provide system owners with information concerning system operation and maintenance
 - vi. Ensure that all construction activities comply with applicable storm water regulations
 - vii. Follow recommended standards and guidance documents for registered products and check quality of materials used
 - viii. Negotiate with the system owner and jointly determine who will be responsible for seeding, erosion and frost protection, watering, and other vegetation establishment activities; and
 - ix. Pay the septic system tank fee and submit the form including justification if no tank were installed during the reporting year.
11. Maintainer Licensees must:
 - i. Record pump-out date, gallons removed, any tank leakage below or above the operating depth, the access point used to remove the septage, the method of disposal, the reason for pumping, any safety concerns with the maintenance hole cover, and any troubleshooting or repairs conducted. This information must be submitted to the homeowner within 30 days after the maintenance work is performed. Maintenance business pumping record information must be maintained by the business for a period of five years;
 - ii. Observe and provide written reports of any noncompliance to the system owner within 30 days; and
 - iii. Obtain a signed statement if the owner refuses to allow the removal of solids and liquids through the maintenance hole.
12. Service Providers Licensees must:
 - i. Report sampling results, operational observations, system adjustments, and other management activities in compliance with local ordinances, management plans, or operating permit requirements; and
 - ii. Observe and provide written reports of any noncompliance to the system owner and the local unit of government within 30 days.

I/We hereby attest that all information contained in this application is true and correct to the best of my/our knowledge.

Owner, partner, or
corporate officer (please print): _____
Title: _____ Date _____

Additional partners
(please print name): _____
Title: _____ Date: _____

Signature: _____

Signature: _____

Additional partners
(please print name): _____
Title: _____ Date _____

Additional partners
(please print name): _____
Title: _____ Date: _____

Signature: _____

Signature: _____



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Certificate of Employment for Designated Certified Individuals

Subsurface Sewage Treatment Systems (SSTS) Program

Purpose: A certificate of employment is used to verify that your business employs at least one Designated Certified Individual, a DCI, for each specialty area for which you have applied.

Instructions: The DCI must complete and sign the certificate. Submit this document with the SSTS Business License Application.

Mail completed application: Minnesota Pollution Control Agency
c/o Jane Seaver
520 Lafayette Road North
St. Paul, MN 55155-4194

DCI Information (Please print)

1. Name: Mr. Mrs. Ms. Other: _____ SSTS Certification # : _____

(First name)

(Middle Initial Required)

(Last name)

(Jr/Sr)

2. Employer/Business name: _____

3. Name and title of immediate supervisor: _____

4. Business address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Number of years employed by the above business: _____

5. Current SSTS certification endorsements (check all that apply):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Maintainer | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Designer | <input type="checkbox"/> Advanced Designer |
| <input type="checkbox"/> Inspector | <input type="checkbox"/> Advanced Inspector |
| <input type="checkbox"/> Installer | |

6. My certification is currently restricted because:

- I am currently gaining experience as an apprentice
- of an enforcement action
- Other (specify): _____

Certification

This is to certify that I am employed as a DCI for the business listed above, and as such, I am a party to the license of the business, and will be responsible for:

1. Providing direction and personal supervision to other employees working on a subsurface sewage treatment system.
2. Ensuring the work completed meets state and local requirements.
3. Completing a certified statement for required reports.

Additionally, I will carry out the responsibilities of my specialty area(s) checked below:

4. Designers and Advanced Designers
- Conducting soil descriptions
 - Verifying field observations, conclusions, design assumptions and calculations of site evaluations and designs by noncertified employees

- 5. Inspectors and Advanced Inspectors
 - Personally conducting necessary procedures to assess system compliance
 - Completing and signing the agency's existing system inspection form

- 6. Installers
 - Being at worksite to meet supervision needs as determined by the training and experience level of the crew and local requirements
 - Ensuring that the installation, alteration, or extension of an SSTS is in accordance with an approved design report and permit
 - Preparing quality control and quality assurance records and prepare and sign as-built drawings
 - Personally determine, supervise, and verify
 - i. The system layout and placement
 - ii. That site conditions allow for construction
 - iii. The proper soil moisture conditions for excavation
 - iv. The elevations of sewage tanks and soil treatment systems
 - v. The quality of tanks and suitability of other materials
 - vi. Solutions to problems encountered
 - vii. Upgrade and repair advice provided

- 7. Maintainers
 - Providing proper training, daily review of work, and periodic observation of work conducted by noncertified individuals
 - Conducting or supervising
 - i. The measurement of scum and sludge depths
 - ii. The making of sensory observations if nondomestic wastes have been discharged into the system
 - iii. The identification of problems and watertightness related to sewage tanks
 - iv. The assessment of the condition of baffles, effluent screens, maintenance hole covers, and extensions
 - v. The removal of septage
 - vi. The land application of septage or disposal in a treatment facility

- 8. Service Providers
 - Providing proper training, daily review of work, and periodic observation of work conducted by noncertified individuals.
 - Conducting or supervising
 - i. The measurement of scum and sludge depths for the accumulation of solids
 - ii. The making of sensory observations if nondomestic wastes may have been discharged into the system
 - iii. The identification of problems and watertightness related to sewage tanks
 - iv. The assessment of the condition of baffles, effluent screens, maintenance hole covers, and extensions
 - v. Assessing the operational status and system performance by sampling, measuring, and observing in compliance with the management plan or operating permit
 - vi. Preserving, storing, and shipping samples for analysis and interpret sampling results
 - vii. Adjust, repair or replace components to bring the system into proper operational compliance
 - viii. Assess the operational status of sewage collection systems and adjust, repair or replace components to bring the system into proper operational status
 - ix. Completing and submitting any necessary reporting to the system owner and the local unit of government

It is my responsibility to notify the Minnesota Pollution Control Agency if and when I am no longer employed by the business listed above. I certify that I have read and understand the responsibilities outlined above, and that all information that is contained on this form is true and correct to the best of my knowledge.

DCI's name (print)

Signature of DCI

Date



Minnesota Pollution Control Agency

520 Lafayette Road North
St. Paul, MN 55155-4194

SSTS Business License Surety Bond

Subsurface Sewage Treatment Systems (SSTS) Program

Bond No. _____

KNOW ALL PERSONS BY THESE PRESENTS:

THAT _____ doing business as
(Name of Licensee)
_____ at _____, Minnesota,
(Address)
as Principal, and _____, a corporation authorized
(Name of Surety)

to do surety business in the State of Minnesota, as Surety, are hereby held and firmly bound to the Commissioner of the Minnesota Pollution Control Agency-State of Minnesota and any persons aggrieved by reason of the Principal's failure to faithfully perform the duties, and in all things comply with all laws, ordinances, and rules, pertaining to the Principal's license or any permit applied for and all contracts entered into, in the sum of _____ THOUSAND DOLLARS (\$ _____).

For the payment of this sum, Principal and Surety bind themselves, their heirs, representatives, successors and assigns, jointly and firmly by these presents.

THE CONDITION of the above obligation is such, that WHEREAS the said Principal is making application with the Minnesota Pollution Control Agency to be licensed as, or has been licensed as, a subsurface sewage treatment system business:

(specific licenses) _____

NOW THEREFORE, if said Principal shall faithfully and lawfully perform the duties, and in all things comply with the laws and ordinances, including all amendments thereto, appertaining to the license or permit applied for, then this obligation shall be void; otherwise to remain in full force and effect.

The aggregate liability of the Surety, regardless of the number of claims made against the bond or the number of years the bond remains in force, shall in no event exceed the amount set forth above. Any revision of the bond amount shall not be cumulative. This bond may be canceled by the Surety as to future liability by giving written notice to the Minnesota Pollution Control Agency, stating the date of cancellation, which in no event shall be less than thirty (30) days after the mailing of said notice; however, the Surety shall remain liable for any and all acts of the Principal covered by this bond up to the date of cancellation.

PROVIDED, it is the intention of the parties that this bond be continuous. This bond may be canceled at any time upon giving the said Principal and the Minnesota Pollution Control Agency 30 days written notice, said notice to be served by certified mail, whereupon, except as to any liabilities or indebtedness incurred prior to the termination of this said 30 days notice, the liability of the Surety under this bond shall cease. The Surety shall notify the Principal and the Minnesota Pollution Control Agency if payment on the bond has been made which results in the value of the bond falling below the legal requirement.

By their signatures below, the parties certify that the wording of this surety bond is identical to the wording specified in Minnesota Rules, part 7083.2030, as the rules were constituted on the date the parties executed the bond.

Signed this _____ day of _____, 20_____

Signed, sealed, and delivered in the presence of:

(Witness as to Principal) _____

(Licensee name) _____

(Signature) _____

(Witness as to Surety) _____

(Name of Surety Company) _____

By (Attorney-in-Fact) _____

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____)

On the _____ day of _____, 20 _____, before me, a Notary Public within and for said county, personally appeared, _____ to me known to be the person(s) described in and who executed the foregoing instrument, as Principal(s), and acknowledged to me that _____ s/he executed the same as her/his free act and deed.

Notary Public, _____
County, _____
My Commission Expires _____

(Notarial Seal)

CORPORATE ACKNOWLEDGMENT

STATE OF _____)
COUNTY OF _____)

On the _____ day of _____, 20 _____, before me personally appeared, _____ to me, who being duly sworn, did depose and say: that s/he resides in _____ the s/he is the _____ President of the _____ the corporation described in and which executed the foregoing instrument; that s/he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation; and that s/he signed her/his name thereto by like order.

Notary Public, _____
County, _____
My Commission Expires _____

(Notarial Seal)

ACKNOWLEDGMENT OF CORPORATE SURETY

STATE OF _____)
COUNTY OF _____)

On the _____ day of _____, 20 _____ before me personally appeared, _____ to me known, who being duly sworn, did say: that s/he resides in _____ the s/he is the aforesaid officer or attorney in fact of _____ a corporation; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; and that said instrument as signed and sealed in behalf of said corporation by the aforesaid officer, by authority of its board of directors; and the aforesaid officer acknowledged said instrument to be the free act and deed of said corporation.

Notary Public, _____
County, _____
My Commission Expires _____

(Notarial Seal)

*****SURETY COMPANY POWER OF ATTORNEY MUST BE ATTACHED*****

Business License Application Instructions

Any business that conducts work to design, install, repair, maintain, operate or inspect all or part of a Subsurface Sewage Treatment Systems (SSTS) must have a business license applicable to the type of work performed. Business licenses may be obtained in one or more of the following specialty areas:

- Maintainer
- Service Provider
- Installer
- Designer
- Advanced Designer
- Inspector
- Advanced Inspector

General Instructions

Licenses will be issued only after the submittal of completed application materials. The information listed below must be submitted to the Minnesota Pollution Control Agency (MPCA) at the address below for an application to be considered complete. **Incomplete applications will be returned unprocessed.**

1. License Application Form*
2. Certification of Employment* for every Designated Certified Individuals (DCI)
3. The original SSTS professional surety bond* with power of attorney
4. Certificate of General Liability Insurance
5. Certificate of Workers Compensation Insurance or verification of exemption
6. \$200 License Fee for each specialty area (\$400 maximum)

**Included in Business License Application Packet*

Licenses will be issued within 60 days after receipt of a complete application. A license will be good for one year after the date of issuance. If you have any questions or need additional forms or information, contact the SSTS licensing coordinator at the address, telephone number or email listed below.

Once your license is issued, all information you provide for this application, with the exception of social security numbers, is public information in accordance with Minnesota Statute, Chapter 13 (Government Data Practices Act).

Submittals and questions

Jane Seaver, SSTS Licensing Coordinator
Certification and Training Unit
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155
Phone: 651-757-2201 or 1-800-657-3659
Fax: 651-297-8676
Jane.Seaver@pca.state.mn.us

Instructions for Completing Business License Application

Application Form - Submit this application once you have a surety bond, insurance, and have employed a DCI. The owner(s), partner(s) or corporate officer(s) must complete and sign the application. If a partnership, **all** partners must sign the application.

1. **License Status** – Check “New” if this is a new license. Check “Change” if you are adding an additional license specialty area.
2. **License Specialty Areas** - Check all specialty areas in which you want to license your business.
3. **License Fee** – A license fee of \$200 for each specialty area (\$400 maximum) **must** accompany the application. Checks or money orders shall be made payable to the **Minnesota Pollution Control Agency**. Do not send cash. Checks returned for nonpayment will be charged a \$20 fee in accordance with Minnesota Statutes 332.50, Subdivision 2.
4. **Business Information:**
 - **SSTS Surety Bond** - Maintainer, Service Provider, Installer, Designer and Inspector Licenses require a minimum 10,000 bond. Advanced Design and Advanced Inspection Licenses require a minimum \$25,000 bond. The bond must be signed by the owner, officer or partners of the business, and the bonding company. Notaries are required to witness these signatures. Ensure that the bonding company’s official Power of Attorney form is attached to the bond. Bonds may be continuous, but they must at minimum cover the entire period of the license(s) applied for. A separate bond is not necessary for multiple license categories. You must submit the original bond and Power of Attorney – **copies are not acceptable.**

- **General Liability Insurance** – All licenses require a minimum of \$100,000 general liability insurance. Your insurance company must complete all the necessary information (including policy number) on the certificate they issue you. There is no standard form. Whatever certificate your insurance agent currently uses is acceptable.
 - **Worker’s Compensation Insurance** - You must provide either: **1.)** the name of the insurance company, policy number and dates of coverage, or **2.)** verification that your business is exempt (such as verifying you are an individual business or sole proprietorship on the license application).
 - **Minnesota Business Tax Identification Number** - Minnesota Statutes § 270.72 require either your Minnesota business tax identification number; or in the case of an individual business or sole proprietorship, your social security number.
- 5. DCIs** - Each business must have at least one DCI in each license category. More than one DCI may be used by the business. The business may designate a different DCI for each category. The DCI is responsible for providing direction and personal supervision to other employees. In many cases, the business owner is also the DCI.
- DCIs must be certified with the SSTS Individual Certification Program under all license specialty areas in which they will perform functions. SSTS professionals who desire to become certified must complete the requirements under Minn. R. chs. 7083.1020 through 7083.1050. For more information on the requirements for Certified Individuals, contact Jane Seaver of the MPCA.
 - You must list each DCI on the application form. A Certificate of Employment must also be completed and signed by each DCI. A form is included in this application packet. (Copy and attach additional forms if needed.)