

WINNEBAGO COUNTY HEALTH DEPARTMENT

Mail to: P.O. Box 4009  
Rockford, IL 61110

Location: 555 N Court St  
Rockford, IL 61103

Phone: (815)720-4100

Fax: (815)720-4203

Website: [www.wchd.org](http://www.wchd.org)

E-mail: [environmental@wchd.org](mailto:environmental@wchd.org)

OFFICE USE ONLY

Date Rec'd: \_\_\_\_\_

Amt. Rec'd: \_\_\_\_\_

Check #/Cash: \_\_\_\_\_

Receipt: \_\_\_\_\_

Truck Decal #: \_\_\_\_\_

2020

PORTABLE SANITATION TECHNICIAN/TRAINEE

APPLICATION FOR LICENSE

Fee: \$65.00

APPLICANT INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(Individual to hold license)

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

WINNEBAGO COUNTY HEALTH DEPARTMENT

PORTABLE SANITATION TECHNICIAN/TRAINEE LICENSE NUMBER: \_\_\_\_\_

STATE OF ILLINOIS

PORTABLE SANITATION TECHNICIAN/TRAINEE LICENSE NUMBER: \_\_\_\_\_

BUSINESS INFORMATION

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STATE OF ILLINOIS PORTABLE SANITATION BUSINESS LICENSE NUMBER: \_\_\_\_\_

PORTABLE SANITATION TRUCK INFORMATION

HOW MANY TRUCK(S) ARE OPERATED? \_\_\_\_\_ ADDRESS WHERE TRUCK(S) ARE KEPT: \_\_\_\_\_

NAME/ADDRESS DISPLAYED IN 8 INCH HIGH LETTERS ON BOTH SIDES OF TRUCK?  Yes  No TANK CAPACITY: \_\_\_\_\_ (in gal)

TANK CONDITION (fly tight, leak proof): \_\_\_\_\_ TYPE OF PUMP: \_\_\_\_\_ SELF PRIMING:  Yes  No

DISCHARGE NOZZLE CAPPED:  Yes  No CONDITION OF HOSES: (Leaks, Cracks) \_\_\_\_\_ DIAMETER OF HOSES: \_\_\_\_\_

Method of Disposal	Location	Amount in Gal / Year	Approved by Treatment Authority
Municipal sewer or treatment plant:			

**Applicant must submit training certificate or proof of continuing education credit from IDPH-approved training provider.** Certificates/credits must have been earned within 1 year of this application and must not have been used for the previous year's license.

I, the undersigned, hereby certify that the above information is correct and should any of this information change, I agree to notify the Winnebago county Department of Public Health of any changes promptly and in writing. Furthermore, I understand and agree to abide by the requirements of the Private Sewage Disposal Code of Winnebago County (Chapter 9, Art. V).

APPLICANT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

SANITARIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_