

8. TRAINING SUBSTITUTION

- ➔ Please list any Board-approved onsite sewage system training courses that you have successfully completed. Courses must correspond to the category of license that you are applying for. ❖
- ➔ One month of experience may be awarded for each training credit completed.

Training Provider	Training Course Title	Training Date(s)	Instructor's Name	Training Provider's Address	Provider's Telephone No.

❖ To receive experience substitution for training credits completed, you must attach copies of all training certificates even if submitted with any previous application.

9. **Signature** _____

Date _____