



LEGAL ENTITY			MANUFACTURING FACILITY		
please print legibly below					
Name (Legal owner, Inc., LLC, partnership, DBA, full legal name):			Name of Facility / Manufacturer(as it is to appear on tank marking):		
Mailing Address (Invoices, permits, official correspondence):			Manufacturing Location (physical address):		
e-mail			e-mail		
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone #:	Fax #:		Phone #:	Fax #:	
Owner/Officer/Applicant Name and Title (Print):			Facility / Production Manager ( Name and Title (Print):		
Owner/Applicant Signature:		Application Date:	Quality Assurance Manager Signature:		
Alternate Contact Name and Title (Print):		Alt Contact Phone:	Yes / No A copy of the facility quality assurance program is attached:		
Circle Reason for application submittal					
<input type="checkbox"/> NEW SEPTIC TANK \$150 ea	<input type="checkbox"/> NEW GREASE INTERCEPTOR \$150 ea	<input type="checkbox"/> RECERTIFICATION \$150 ea	<input type="checkbox"/> MANUFACTURING FACILITY CHANGE OF ADDRESS	<input type="checkbox"/> MANAGEMENT CHANGE	<input type="checkbox"/> BUSINESS CLOSED
FOR SEPTIC TANK CERTIFICATION ONLY					
Drawing #	Drawing Date:	PE Name, Lic. # & State	Model # / Name		
Use (Septic, holding, etc):	Burial Depth (maximum feet):	Size (gal liquid capacity): <input type="checkbox"/>	Material:	Pieces (1 or 2):	Load Rating (H10 or H20):
<input type="checkbox"/> Single Compartment	<input type="checkbox"/> Two Compartment	Tank Length (feet):	<input type="checkbox"/> Low Profile		<input type="checkbox"/> Traffic Rated (circle if yes)
IAPMO Approval#	<input type="checkbox"/> Meets IAPMO Standards:	Certifying Document (attached): <input type="checkbox"/>	Installation Instructions (attchd): <input type="checkbox"/>	Other Certification:	
NM Tank Certification #s (if requesting recertification)		NMED USE ONLY			
		Invoice Date	Check #	Date Rec'd:	
		Total # Tanks:	Check Amount:	Review Date/Staff:	
		Invoice Amount:	Cert. Mail Date	Certified Mail #	
		Date Certified / Recertified:	Date Suspended:	Date Closed:	
		Date next Certification Due:	Suspension Basis:		
COMMENTS:					
NMED APPROVING AUTHORITY:				DATE	