



**Maine Department of Health and Human Services
 Bureau of Health
 Division of Health Engineering
 Wastewater and Plumbing Control Program**

**APPLICATION FOR REGISTRATION OF
 EXPERIMENTAL SYSTEM/INNOVATIVE TECHNOLOGY
 OR ONSITE SEWAGE DISPOSAL SYSTEM PRODUCT**

Please complete the following Sections. Please print or type.

Applicant

Company Name: _____
 Contact Person: _____
 Address: _____
 Town/City: _____ State/Province: _____ Zip Code: _____
 Country: _____
 Telephone: _____ e-mail: _____

Product

Product Name: _____
 Model: _____

Product Classification (choose one)

Primary or Secondary Treatment Unit

- Septic Tank Extended Aerobic Treatment Unit Recirculating Aerobic Unit
- Aerobic Fixed Film Unit Other (specify) _____

Effluent Filter

- Septic Tank Outlet Filter Post-Tank Filter Other (specify) _____

Disposal Device

- Gravel-less Disposal Pipe Gravel-less Disposal Bed Chamber, Plastic
- Chamber, Other Other (specify) _____

Miscellaneous

- Pipe Effluent Flow Distribution Device Other (specify) _____

Claim

Describe the product's features (attach additional sheets if necessary).

Describe the product's performance (attach additional sheets if necessary).

Has the product received National Sanitation Foundation or Canadian Standards Authority approval?

No Yes (If "yes", enclose a copy of the certification.)

IMPORTANT NOTE!
Don't forget to enclose relevant product literature, engineering specifications, studies, and third party certifications with this application.

I, _____, am the applicant agent for the applicant of the subject product.
(print name)

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department to deny registration for use of the product in Maine.

 Signature of Applicant
 Signature of Agent for Applicant

Date