



BRAZORIA COUNTY OSSF PROVIDER REGISTRATION FORM

Provider Name: _____ Date: _____
Last Name First Name MI

Company Name: _____

Please check all that apply:

- Installer II OS _____
TCEQ License # Date License Expires
- Installer I OS _____
TCEQ License # Date License Expires
- Maintenance Provider MP _____
TCEQ License # Date License Expires
- Maintenance Company MC _____
TCEQ License # Date License Expires

Mailing Address: _____
Number Street City Zip

Physical Address: _____
(If different) Number Street City Zip

Office Phone: _____ Cell Phone: _____

Fax Number: _____ E-mail Address: _____

This form is completed in compliance with the
Rules for Brazoria County On-Site Sewage Facilities, Section 10(b) Registration

Signature _____ Date _____

-----Department Use Only-----

Received by: _____ Date: _____