



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

APPLICATION FOR REGISTRATION OF PORTABLE TOILET FACILITIES

OWNER'S NAME: _____
COMPANY NAME: _____

ADDRESS: _____
CITY, STATE, ZIP: _____ **PHONE:** _____
FAX # _____ **EMAIL ADDRESS:** _____

Does hereby apply for annual registration to provide Portable Toilets in Fairfax County, Virginia and will perform all work in accordance with the requirements of Chapter 68.1 of the Fairfax County Code and the Commonwealth of Virginia, State Board of Health, Sewage Handling and Disposal Regulations.

SIGNED: _____

PLEASE PRINT NAME: _____
FEDERAL TAX ID # _____

DO YOU PROVIDE PORTABLE TOILET FACILITIES ONLY: YES/NO

DO YOU SERVICE THE PORTABLE TOILET FACILITIES YOU PROVIDE: YES/NO

IF NO: DO YOU CONTRACT FOR SERVICE: YES/NO
DO YOU USE MORE THAN ONE (1) SEWAGE HANDLING CONTRACTOR: YES/NO

IF SO WHOM: 1. _____
2. _____

FOR HEALTH DEPARTMENT USE ONLY

REGISTRATION YEAR: _____ **#:** _____ **-PT-** _____ **EXPIRES:** 12/31/ _____

Index Code: 713107 **NEW REGISTRATION \$** _____
Sub-object Code 0472 **RENEWAL REGISTRATION \$** _____

APPLICATION APPROVED BY: _____ **DATE:** _____
HEALTH DEPARTMENT OFFICIAL

_____ has registered as requested under Chapter 68.1 of the Fairfax County Code. **LIMITED TO: PROVIDING & MAINTAINING PORTABLE TOILETS OR SIMILAR DEVICES FOR HOLDING SEWAGE WASTE.**

Fairfax County Health Department
Division of Environmental Health
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