

# ALiS

## Centralized Licensing, Inspections and Complaints System (CLICS) Sewage Programs – Septic Pumper Contractor – Consumer Log On Instructions

The Sewage Programs application is used for septic tank pumping contractors. Please use this document to assist you in completing your online application. Additional support and system requirements can be found at [http://dpbh.nv.gov/Reg/S-Pump/Septic Tank Pumping Contractor - Home/](http://dpbh.nv.gov/Reg/S-Pump/Septic_Tank_Pumping_Contractor_-_Home/). For questions specific to your application, please contact your local field office.

The application system is designed to handle a wide variety of application types, and there are some unique instructions

### Step 1: Initial Registration

To begin the licensing process, go to <https://nvdpbh.aithent.com/login.aspx> and then click on the Environmental Health tab. Select the blue "Click Here" after "Apply for a Common Business Application":

The screenshot shows the ALiS website interface. On the left, there is a 'USER LOGIN' section with fields for 'Login Name' and 'Password', a 'Forgot Login/Password' link, and a 'Login' button. Below this is a section for 'NEW APPLICANTS APPLY HERE' with three links: 'To apply for a Common Business Application: Click Here', 'To apply for Temporary Food Permit: Click Here', and 'To Search for an Environmental Health Facility Licensee: Click Here'. The 'Click Here' link for the Common Business Application is circled in yellow. A red arrow points from this link to the text above. On the right, there is a navigation menu with tabs for 'HCQC', 'Child Care', and 'Environmental Health'. The 'Environmental Health' tab is circled in yellow. Below the navigation menu is the 'ENVIRONMENTAL HEALTH SECTION ONLINE PERMITS AND RENEWALS SYSTEM' header. The main content area contains information about the State of Nevada Division of Public and Behavioral Health EHS, including a list of counties where permits are issued and instructions for applying for annual permits. A list of annual license types is provided at the bottom right.

**USER LOGIN**

Login Name

Password

Forgot Login/Password

Password is case sensitive.

Already Licensed by NV DPBH:  
Register Here

**NEW APPLICANTS APPLY HERE**

To apply for a Common Business Application: [Click Here](#)

To apply for Temporary Food Permit: [Click Here](#)

To Search for an Environmental Health Facility Licensee: [Click Here](#)

HCQC Child Care **Environmental Health**

**ENVIRONMENTAL HEALTH SECTION  
ONLINE PERMITS AND RENEWALS SYSTEM**

State of Nevada Division of Public and Behavioral Health EHS issues permits **ONLY** in these counties: CHURCHILL, ELKO, EMERALDA, EUREKA, HUMBOLT, LANDER, LINCOLN, LYON, MINERAL, NYE, PERSHING, STOREY, WHITE PINE COUNTIES AND INSTITUTIONS OF HIGHER LEARNING IN WASHOE COUNTY.

**IF YOU ARE APPLYING FOR A PERMIT IN CARSON CITY, DOUGLAS COUNTY, WASHOE COUNTY OR CLARK COUNTY, PLEASE CALL THE MAIN OFFICE AT 775-687-7533 BEFORE APPLYING.**

**ANNUAL PERMITS**

**RETURN USERS:** Type in your user name, password and then click on the LOGIN box.

**LICENSED FACILITIES:** Please log in the first time with your one time use "WEB ID" under "Already Licensed by NV DPBH: Register Here"

**NEW USERS:** Select "COMMON BUSINESS LICENSE APPLICATION" and follow the on-screen directions.

Select the **Common Business Application** on the left hand side to apply for the following annual license types:

- Food Establishment
- Food Establishment Exemption (NRS 446.870)
- Cottage Food Registration
- Institutions
  - County Jails
  - State Honor Camps
  - Public, Private and Charter

This will bring you to the Initial User Registration Page:

**Initial User Registration -Environmental Health Section**

Fields marked with asterisk (\*) are required.

**Facility Information**

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#) .This always begins with NV followed by 11 numbers.

Facility Name (DBA Name) \*  NV Business ID

**Mailing Address**

Country \*

Address \*

City \*  State/Province \*   Apt/Unit/etc.

Zip \*  Primary Phone # - Ext \*   County \*

Fax  Primary-Email \*  Alternate Phone # - Ext.   Alternate E-mail

**Online Account Information**

Login Name \*

Password \*  Password is case sensitive and must be at least 8 characters long including: 1 upper case letter, 1 lower case letter, 1 number, and 1 special character.

Re-type Password \*

You will need to fill out the following:

- **Facility Name (DBA):** this should be the registered name of your business.
- **NV Business ID:** Only fill this out if you have a state business license that is associated with the permit you are applying for. It would be "NV" followed by 11 numbers.
- **Mailing Address Section:**
  - o Enter the street address or PO Box where you receive correspondence for your business or home
  - o City/State/County/Zip: enter the appropriate values that go with the mailing address
  - o Phone/Email: use the phone/email you wish EHS to contact you at regarding your application and permit
- **Account Information (Login):**
  - o The Login Name can be anything using A-Z and 0-9. Take note of it before submitting the form so you don't forget.
  - o Password: must conform to the text in red, for example "MyBusiness.6" contains all the elements needed. Make the password something you can remember, but not easy to guess.
- When you are done with the form, click the **Register** button.

## Step 2: Application Types

Select "Sewage Programs" and then in the area that appears below select one option. If you are not sure which credential type you need, click the blue "Information" link for more details on the credential.

When you are finished click the **Next** button.

**Application Type \***

Which application would you like to apply?

<input type="radio"/> Food Establishment	<input type="radio"/> Public Bathing Place
<input type="radio"/> Cottage Food Registration	<input type="radio"/> Public Accommodations
<input type="radio"/> Food Establishment Exemption	<input type="radio"/> Drug/Cosmetic Manufacturer
<input type="radio"/> Shellfish Distributor	<input type="radio"/> Camping and Recreational Vehicle Park
<input type="radio"/> Bottled Water Distributor	<input type="radio"/> Institutions
<input type="radio"/> Certificates of Free Sale	<input checked="" type="radio"/> Sewage Programs
<input type="radio"/> Farm to Fork Registration	

**Credential**

<input type="checkbox"/> INDIVIDUAL SEWAGE DISPOSAL SYSTEM <a href="#">INFORMATION</a>	Endorsement	N/A
<input type="checkbox"/> SEPTIC TANK PUMPING CONTRACTOR <a href="#">INFORMATION</a>	Endorsement	N/A
<input type="checkbox"/> SEPTIC TANK LOAN CERTIFICATIONS <a href="#">INFORMATION</a>	Endorsement	N/A

### Step 3: Entity Information:

This screen collects information specific to your business.

- **Business Entity Information**
  - o **Facility Name (DBA):** This will be automatically filled in from your registration, however if you mistyped you may correct it here.
  - o **NV Business ID:** This will be automatically filled in from your registration but cannot be changed here.
  - o **Registered Name/Legal Business Name:** this should be the exact name on your state business license, if applicable. It may be different from your DBA name.
  - o **Ownership Type:** Select from this list. LLC, Corporation, etc. depending on the business type.
  - o **Primary Contact Information:** Enter the primary point of contact for your business/application, and their phone and email. Their role may be owner, manager, etc.
- When you are finished filling out the form, click the **Next** button.

Please review Information for accuracy. «Back Next»

#### Business Entity Information

Nevada Business ID is issued by Secretary of State (SoS) through common business registration process using SilverFlume To find more details about common business registration process [Click Here](#)

Facility Name (DBA Name) *	<input type="text" value="Q's Construction"/>	NV Business ID	<input type="text" value="NV12345678901"/>
Registered Name with Secretary of State (Legal/Business Name)	<input type="text"/>	Ownership Type *	<input type="text" value="LLC"/>
Primary Contact First Name *	<input type="text" value="Phil"/>	Primary Contact Middle Name	<input type="text"/>
Primary Contact Last Name *	<input type="text" value="Quaker"/>	Primary Contact Role *	<input type="text" value="Owner"/>
Primary Contact Email *	<input type="text" value="phil.q@qconstruction23"/>	Primary Contact Phone *	<input type="text" value="111-111-1111"/>

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Septic pumping contractors will see an additional block titled "Hours of Operations" on this page. Enter your normal hours of operation for each day of the week. Ensure you complete all 3 columns in the "From" and "To" sections.

#### Hours Of Operations - SEPTIC TANK PUMPING CONTRACTOR \*

Day	Work Hours	From			To		
Sunday	<input type="text" value="Closed"/>						
Monday	<input type="text" value="Open at Set Time"/>	<input type="text" value="7"/>	<input type="text" value="00"/>	<input type="text" value="AM"/>	<input type="text" value="4"/>	<input type="text" value="30"/>	<input type="text" value="PM"/>
Tuesday	<input type="text" value="Open at Set Time"/>	<input type="text" value="7"/>	<input type="text" value="00"/>	<input type="text" value="AM"/>	<input type="text" value="4"/>	<input type="text" value="30"/>	<input type="text" value="PM"/>
Wednesday	<input type="text" value="Open at Set Time"/>	<input type="text" value="7"/>	<input type="text" value="00"/>	<input type="text" value="AM"/>	<input type="text" value="4"/>	<input type="text" value="30"/>	<input type="text" value="PM"/>
Thursday	<input type="text" value="Open at Set Time"/>	<input type="text" value="7"/>	<input type="text" value="00"/>	<input type="text" value="AM"/>	<input type="text" value="4"/>	<input type="text" value="30"/>	<input type="text" value="PM"/>

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## Step 4: Address Information:

Entity Information — **Address Information** — Ownership Details — Additional Information — Questions — Attestation

Please review Address Information for accuracy. << Back    Next >>

**Mailing Address** Copy From

Country *	<input type="text" value="UNITED STATES"/>	Apt/Unit/etc.	<input type="text" value="STE D"/>
Address *	<input type="text" value="727 FAIRVIEW DR."/>	County *	<input type="text" value="CARSON CITY"/>
City *	<input type="text" value="CARSON CITY"/>	State/Province *	<input type="text" value="NEVADA"/>
Zip *	<input type="text" value="89701"/>	Primary Phone # - Ext *	<input type="text" value="775-687-7533"/>
Fax	<input type="text"/>	Primary-Email *	<input type="text" value="EHCUSTOMERSERVICE"/>
		Alternate Phone # - Ext.	<input type="text"/>
		Alternate E-mail	<input type="text"/>

**Physical Address of Facility** Copy From

Country	<input type="text" value="UNITED STATES"/>	Apt/Unit/etc.	<input type="text" value="STE 103"/>
Contact Person	<input type="text"/>	County *	<input type="text" value="ELKO"/>
Address *	<input type="text" value="1020 RUBY VISTA DR."/>	State/Province	<input type="text" value="NEVADA"/>
City	<input type="text" value="ELKO"/>	Primary Phone # - Ext	<input type="text" value="775-753-1138"/>
Zip	<input type="text" value="89801"/>	Primary-Email	<input type="text" value="EHCUSTOMERSERVICE"/>
Fax	<input type="text"/>	Alternate Phone # - Ext.	<input type="text"/>
		Alternate E-mail	<input type="text"/>

**Billing Address** Copy From

Country	<input type="text" value="UNITED STATES"/>	Apt/Unit/etc.	<input type="text" value="STE D"/>
Contact Person	<input type="text"/>	County	<input type="text" value="CARSON CITY"/>
Address	<input type="text" value="727 FAIRVIEW DR."/>	State/Province	<input type="text" value="NEVADA"/>
City	<input type="text" value="CARSON CITY"/>	Primary Phone # - Ext	<input type="text" value="775-687-7533"/>
Zip	<input type="text" value="89701"/>	Primary-Email	<input type="text" value="EHCUSTOMERSERVICE"/>
Fax	<input type="text"/>	Alternate Phone # - Ext.	<input type="text"/>
		Alternate E-mail	<input type="text"/>

<< Back    **Next >>**

Most of the information in the Mailing Address section will be auto-filled from the initial registration screen. Please verify this information is complete and is the address you want mail sent to.

The physical address is also required for facility inspections. If your mailing and physical addresses are the same, please use the "Copy From" function on the right side of the screen.

**Septic Pumping Contractors, you will also see a "Billing Address" block. Use the drop-down menu to copy from the physical or mailing address, or enter a separate billing address.**

**\*\*\* NOTE: Once the physical address has been entered and the application submitted, you will not be able to edit the physical address again. If you notice any errors, please contact your local field office to correct the address. \*\*\***

When you are done, click the **Next** button.

# Ownership Details:

For other application types, select the **Add** button on the "Ownership Information" line to add a new owner. You will not be able to submit your application until you have entered at least one owner.

Entity Information — Address Information — **Ownership Details** — Additional Information — Questions — Attestation

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**Ownership Information** Add

You must add atleast one owner.Please click ADD link to add an owner.

**Corporation & LLC Information** Add

Please click 'Add' to add a new row.

<< Back Next >>

Reset

A popup will appear to enter details:

Fields marked with asterisk (\*) are required.

### Ownership Detail

**Ownership Detail**

Last Name/ Business Name \*  First Name

DOB  SSN

% age Share  Is Current  Yes  No

Comments

Check all roles that are applicable

Role \*  Owner  Partner  Director  Other

**Mailing Address**

Country \*

Address \*

City \*  State/Province \*  Apt/Unit/etc.

Zip \*  Primary Phone # - Ext \*  County \*

Fax  Primary-Email \*  Alternate Phone # - Ext.

Alternate E-mail

Close **Save**

It has many fields you may complete, but only the ones marked with a red \* are required:

- **First and Last Name/Business Name:** enter the full first and last name of the owner, or the name of the business as applicable
- **Role:** select Owner, Partner, Director, or Other (if other, fill in the role)
- **Mailing Address Section:** This may be the personal mailing address and contact information of the owner or for the business.

When you are done select the **OK** button. Repeat this process for any other owners. When you are finished, use the **Next** button.

## Additional Information:

Requested Credential(s) : **SEPTIC TANK PUMPING CONTRACTOR**

Entity Information — Address Information — Ownership Details — **Additional Information** — Questions — Attestation

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**Additional Information - SEPTIC TANK PUMPING CONTRACTOR**

Complete the information that is applicable to your permit type. Leave blank if it not applicable.

Establishment Name *	Bob's Septic Pumpers	FDA Certification #	
Responsible Entity Name *	Robert Robertson		
Number of seats including outside seating area		Facility area in square feet	
Number of drive up windows		Label count	
Camping spaces		Total number of rooms	
Total number of workers		Total number of vehicle	3
Open Date		Close Date	

For which county you would like to register your business? \*

All

Most of the new businesses require a plan review. Please [click here](#) to understand plan review requirements or give us a call at (775) 687-7533

Does your new business require a plan review? If you are not sure, please give us a call at (775) 687-7533 \*     Yes     No

Reset    << Back    **Next >>**

**\*\*\* The accuracy of this section will determine the fees charged at the end of the on-line application process. \*\*\***

This information is extremely important for accurate records. It has a section for each license with the same fields:

- **Establishment Name:** This is the specific name/business for each permit.
- **Responsible Person:** This is the person who owns the business, is otherwise legally responsible for the permit.
- **Total Number of Vehicles:** For septic pumpers, the number of trucks/vehicles needed.
- **Open Date and Close Date:** This is designed for seasonal establishments. You may skip this section for ISDS or if your business operates year-round.
- **County:** Select the county where the business is located. If you do not know what county the business or construction location is in, contact your local field office.
  - o **Septic pumping contractors who will operate in more than one county – select “ALL”**
- **Plan Review option:** select if your permit application requires a plan review.
  - o **Select **NO** on this one.**

This page contains fields that are used by other programs. You may leave them blank if they do not apply to your permit.

When you are finished entering all the information for all licenses, click the **Next** button.

## Questions:

This page displays a list of questions that must be answered regarding your permit type.

When you are finished with the questionnaire, click the **Next** button.

Requested Credential(s) : **SEPTIC TANK PUMPING CONTRACTOR**

Entity Information — Address Information — Ownership Details — Additional Information — **Questions** — Attestation

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### Questions

#	Question	Response
1	Are you or anyone listed in the application now licensed or have been previously licensed for the similar business? If yes, please list the state Agency, type of license and license number.	<input type="radio"/> Yes <input type="radio"/> No

Reset    << Back    **Next >>**

## Attestation and Electronic Signature:

Read the legal statements and agree by checking the box to the left. Enter your full name (this is your digital signature) and the current date. When you are done, select **Submit Application**.

### Attestation

**You must check the following:**

The act of affixing and executing the following signature is made with the present intent to identify myself as the authorized person signing this document and with the present intent to authenticate my signature as such.

I am declaring, under penalty of perjury, that the information I am about to submit to the Nevada Division of Public and Behavioral Health is true and correct, is not submitted for any improper purpose, and that I am authorized to submit the information.

I understand it is unlawful to submit any illegal, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by state and federal law, to the Nevada Division of Public and Behavioral Health, and agree to indemnify the Nevada Division of Public and Behavioral Health, and any other parties entitled thereto, for any damages incurred for any unlawful, unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by the federal and state law, submitted to the Nevada Division of Public and Behavioral Health by my use of this electronic filing system.

I further understand that I may be subject to criminal and/or civil penalties for submitting any unlawful unauthorized, fraudulent, deceitful, forged, deceptive, defamatory, illicit, or improper information, as defined by federal and state law.

I understand and agree that all information submitted is the property of the Nevada Division of Public and Behavioral Health, and may be monitored for all lawful purposes.

I further understand that during such monitoring, all information, including personal information placed on this system, may be examined, copied, and used for any authorized purpose.

I understand that I am responsible for any errors or omissions in the input of information and that I am also responsible for reviewing all information for completeness and correctness prior to submission.

declare under penalty of perjury that the foregoing is true and correct.

I hereby attest that the above information is true and correct. I have read, understand and agree to comply with the rules and regulations pertaining the the specific statutory type of entity for which this licensure application is made.

Fees paid will not be refunded for failure to obtain approval, voluntary withdrawal or cancellation of the event.

Name \*       Date \*

**Submit Application**    << Back

## Fees:

“Fee Details” explains what fees are being charged for this credential type. **Please review these charges** and contact your local field office if you see an error or do not understand the charges before you pay.

When ready, select **Pay Now** to continue.

Fee Details	
Licensing fee (017-SEPTIC TANK PUMPING CONTRACTOR)	\$332.00
Vehicles (Per vehicle fee) (SEPTIC TANK PUMPING CONTRACTOR)	\$966.00
<b>Total Fee</b>	<b>\$1,298.00</b>

Do NOT push the “Pay Now” button more than once.  
Do not push the go back arrow using your browser. To review or update your application information click on “Edit Application”.  
Failure to comply with these instructions may result in multiple charges.

[Edit Application](#) [Pay Now](#)


You will be redirected to the secure payment gateway.

Select your payment method:

### How would you like to pay?


#### Card

PAY BY



#### eCheck

PAY WITH



Fill out the form (which depends on the selected payment method) and submit when completed.

**IMPORANT NOTICE: YOU ARE NOT DONE YET**

## Checklist: Applications and Documentation

After the payment has been processed, you will see one of the following checklists. You must add each requested document before your application can be processed. Note your transaction number in bold. Your receipt will have been emailed, but you may also view or print it from this page. You may also save a copy of the application summary for your records.

Some checklist items may be optional depending on your situation. Click the “Documents” link in the View/Attach column on the right side to upload a document for staff review. When you do this, a popup will appear with directions on how to upload your document(s).

Update: 06/08/2017



## Sample Septic Pumping Contractor Checklist:

### Sewage Programs Submitted

#### Confirmation

**YOUR APPLICATION IS NOT COMPLETE AND A PERMIT CANNOT BE ISSUED UNTIL THE APPLICATION AND OTHER REQUESTED DOCUMENTS ARE ATTACHED BELOW.**

**IF THERE IS NO CHECKLIST OR DOCUMENTS ATTACHMENT SECTION HERE YOU ARE NOT REQUIRED TO ATTACH A DOCUMENT.**

Thank you for using our online services. Your **Sewage Programs** has been submitted to **Environmental Health Section** program of NV DPBH. Your online transaction number is **175237**. If we need any additional information; we will contact you.

The payment receipt has been sent to: [FHSCUSTOMERSERVICE@HEALTH.NV.GOV](mailto:FHSCUSTOMERSERVICE@HEALTH.NV.GOV)

If you would like to print your payment receipt: [click here](#)

To view the application summary: [click here](#)

#### Checklist

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	Credential Type	Item	View/Attach	Item Status
1	All	Additional supporting documents	<a href="#">Documents (0)</a>	N/A
2	SEPTIC TANK PUMPING CONTRACTOR	Application to Operate a Septic Tank Pumping Contractors Establishment (Submitted Annually) - <a href="#">Click Here</a>	<a href="#">Documents (0)</a>	Pending
3	SEPTIC TANK PUMPING CONTRACTOR	Discharge Site Agreement(s)	<a href="#">Documents (0)</a>	Pending
4	SEPTIC TANK PUMPING CONTRACTOR	Copy of Vehicle Registration(s)	<a href="#">Documents (0)</a>	Pending

[Return to Home](#)

[Logout](#)

When all required items are uploaded and have been reviewed by EHS staff, your application will be processed.

**\*\*Provide a copy of each agreement if multiple discharge sites are used. These can be attached as a bundle.**

## Returning to your account:

To return to your account to complete an application or manage your licenses, go to

<https://nvdpbh.athent.com/login.aspx>, enter your user name and password and then click the **Login** button:

#### USER LOGIN

Login Name

Password

[Forgot Login/Password](#) [Login](#)

Password is case sensitive.

Already Licensed by NV DPBH:  
[Register Here](#)

HCQC Child Care [Environmental Health](#)

### ENVIRONMENTAL HEALTH SECTION ONLINE PERMITS AND RENEWALS SYSTEM

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**NEW USERS:** Select "[COMMON BUSINESS LICENSE APPLICATION](#)" and follow the on-screen directions.

Select the **Common Business Application** on the left hand side to apply for the following annual license types:

- Food Establishment
- Food Establishment Exemption (NRS 446.870)
- Cottage Food Registration
- Institutions
  - County Jails
  - State Honor Camps
  - Public, Private and Charter

#### NEW APPLICANTS APPLY HERE

To apply for a Common Business Application: [Click Here](#)

To apply for Temporary Food Permit: [Click Here](#)

To Search for an Environmental Health Facility Licensee: [Click Here](#)

Update: 06/08/2017

You will see a menu on the left side:

**Contact Information**  
Name: CONSTRUCTION PERMIT  
727 FAIRVIEW DR.  
STE D  
CARSON CITY NV 89701  
Phone #: 775-687-7533  
Email: [EHSCUSTOMERSERVICE@HEALTH.NV](mailto:EHSCUSTOMERSERVICE@HEALTH.NV)

WHAT DO YOU WANT TO DO?
View Pending Online Application(s)
Renew
Apply for New License
Print Receipt
Statement of Deficiency/OOC
Pay Invoice(s)
Remodel
Change Contact Information
View Credential(s)
Change Password

Select what action you would like to take now that you're logged in. With most sewage program permits you will likely use:

- **View Pending Online Application:** to continue the application
- **Renew:** to renew an existing annual permit (septic pumpers only)
- **Apply for a new license:** to apply for a new permit under the same contractor's license (**ISDS only**)
- **Print Receipt:** to review receipts
- **Pay Invoice(s):** to pay invoices EHS has assessed, other than renewals
- **View Credential(s):** to view a list of all permits under this account
- **Change Password:** to change your password

Contact your local field office for instructions before selecting the other options.

To complete pending applications, select "View Pending Online Application(s)". You will see a list of applications for review. To continue an application you started **but have not submitted or paid for**, select "Continue Application". To add documents to an incomplete checklist, select "View Details":

Pending / Incomplete Online Application(s)						
Application Type	Transaction #	Date	Current Step	Application Summary	View Details	Action
Sewage Programs	175219	06/08/2017	Review by State	<a href="#">Application Summary</a>	<a href="#">View Details</a>	<a href="#">Withdraw</a>
Sewage Programs	175237				<a href="#">Continue Application</a>	<a href="#">Withdraw</a>

Follow the instructions elsewhere in this document to complete your application.

For instructions on how to complete a renewal application or pay an invoice, see the applicable guidance documents on <http://dpbh.nv.gov/Reg/CLICS/dta/FAQ/CLICS-FAQs/>.