ALiS

Centralized Licensing, Inspections and Complaints System (CLICS)

Sewage Programs – Septic Tank Loan Certificates – Consumer Log On Instructions

The Sewage Programs application is used for Septic Tank Loan Certificates. 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/LoanCert/Septic_Tank_Loan_Certification_-_Home/. For questions specific to your application, please contact your local field office.

Step 1: Initial Registration

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

USER LOGIN	HCQC Child Care Environmental Health
Login Name	ENVIRONMENTAL HEALTH SECTION
Password	ONLINE PERMITS AND RENEWALS SYSTEM
Forgot Login/Password	State of Nevada Division of Public and Behavioral Health EHS issues permits ONLY in these counties: CHURCHILL, ELKO, ESMERALDA, EUREKA, HUMBOLT, LANDER, LINCOLN, LYON, MINERAL, NYE, PERSHING, STOREY, WHITE PINE COUNTIES AND INSTITUTIONS OF HIGHER LEARNING IN WASHOE COUNTY.
Password is case sensitive.	IF YOU ARE APPLYING FOR A PERMIT IN CARSON CITY, DOUGLAS COUNTY, WASHOE
Already Licensed by NV DPBH:	APPLYING.
Register Here	ANNUAL PERMITS
	RETURN USERS: Type in your user name, password and then click on the <u>LOGIN</u> box.
NEW APPLICANTS APPLY HERE	LICENSED FACILITIES: Please log in the first time with your one time use "WEB ID" under " <u>Already Licensed by NV DPBH: Register Here</u> "
To apply for a Common Business Application: Click Here To apply for Temporary Food Permit:	NEW USERS: Select " <u>COMMON BUSINESS LICENSE APPLICATION</u> " and follow the on-screen directions.
Click Here	Select the Common Business Application on the left hand side to apply for the
Facility Licensee: Click Here	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:

	Initi	al User Registration -En	vironmental H	lealth Section	
				Fields r	marked with asterisk (*) are requir
Facility Informatio	n				
Nevada Business ID is	issued by Secretary of Sta	e (SoS) through common business reg	gistration process using	J SilverFlume To find more de	tails about common business
Facility Name (DBA Na	lick Here .This always begir ame) *	s with NV followed by 11 numbers.	NV	Business ID	
Mailing Address			_		
Country • Address • City • Zip • Fax		State/Province * NE Primary Phone # - Ext * Primary-Email *	VADA 🔽	Apt/Unit/etc. County = Alternate Phone # - Ext. Alternate E-mail	Choose One 🔽
Online Account Inf	ormation				
Login Name * Password * Re-type Password *		Password is case sensitive and must number, and 1 special character.	be at least 8 characte	rs long including: 1 upper cas	e letter, 1 lower case letter, 1
Peset		Register	N		Back

You will need to fill out the following:

- Facility Name (DBA): this should be the registered name of your business. Realtor or Owner of the built ISDS: use the construction address (if known) or county assessor parcel number (APN).
- **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. **Skip this field.**
- Mailing Address Section:
 - Enter the street address or PO Box where you receive correspondence for your business or home
 - City/State/County/Zip: enter the appropriate values that go with the mailing address
 - Phone/Email: use the phone/email you wish EHS to contact you at regarding your application and permit
- Account Information (Login):
 - 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.
 - 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 a	apply?					
 Food Establishment 	 Public Bathing Place 					
 Cottage Food Registration 	Cottage Food Registration Public Accomodations					
 Food Establishment Exemption 	 Drug/Cosmetic Manufacture 	urer				
 Shellfish Distributor 	 Camping and Recreationa 	al Vehicle Park				
 Bottled Water Distributor 						
 Certificates of Free Sale 	 Sewage Programs 					
 Farm to Fork Registration 						
Crodontial						
Credential						
Credential INDIVIDUAL SEWAGE DISPOSA	AL SYSTEM	Endorsement	N/A			
Credential	AL SYSTEM	Endorsement	N/A			
Credential INDIVIDUAL SEWAGE DISPOSA	AL SYSTEM	Endorsement	N/A			
Credential INDIVIDUAL SEWAGE DISPOSA INFORMATION SEPTIC TANK PUMPING CONTR	AL SYSTEM	Endorsement	N/A N/A			
Credential INDIVIDUAL SEWAGE DISPOSA	AL SYSTEM	Endorsement	N/A N/A			
Credential INDIVIDUAL SEWAGE DISPOSA INFORMATION SEPTIC TANK PUMPING CONTR SEPTIC TANK LOAN CERTIFICA	AL SYSTEM	Endorsement Endorsement Endorsement	N/A N/A N/A			



Reset

Address Information:

This screen collects information specific to the Address of the ISDS

- Address Information

- Mailing Address Realtor or Owner of ISDS, this is the address you would like to certificate mailed to.
- Physical Address of Facility: This is the address the ISDS is located, or APN

Requested Credential(s) : SEPTIC TANK LOAN CERTIFICATIONS								
Entity Information Address Information Additional Information Questions Attestation								
Please review Address Inform	mation for accuracy.				<< Back Next >>			
Mailing Address	_	_	_	Copy From	V			
Country * Address * City * Zip * Fax	UNITED STATES V 4150 TECHNOLOGY WAY CARSON CITY 89511	State/Province * Primary Phone # - Ext * Primary-Email *	NEVADA V 111-111-1111 SKUMAR@DEL.AITHENT	Apt/Unit/etc. County * Alternate Phone # - Ext. Alternate E-mail	HUMBOLDT			
Physical Address of Fac	cility	_	_	Copy From	V			
Country Contact Person Address * City Zip Fax	UNITED STATES 4150 TECHNOLOGY WAY CARSON CITY 89511	State/Province Primary Phone # - Ext Primary-Email	NEVADA	Apt/Unit/etc. County * Alternate Phone # - Ext. Alternate E-mail	HUMBOLDT V			
Reset					<< Back Next >>			

When you are finished filling out the form, click the **Next** button.

Additional Information:

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

- Establishment Name/Address: use the address of the Home, or county assessor parcel number (APN).
- Responsible Entity Name: Enter Current Owner name here
- Number of Rooms: Number of bedrooms in the home
- County: Select the county in which the Residence is located
- Plan Review option: All ISDS applications require a plan review. All new systems require a full plan review; contact your local field office before applying for a remodel plan review. Selecting the incorrect response will delay your application review.

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

Update: 06/08/2017

Requested Credential(s) : SEPTIC TANK LOAN CERTIFICATIONS

Entity Information Address Information	Additional Informati	on Questions	Attestation		
				<< Back	Next >>
Additional Information - SEPTIC TANK LOAN CE	RTIFICATIONS		_		_
Complete the information that is applicable to your perm	nit type. Leave blank if it no	t applicable.			
Establishment Name/Address *	APN 043-011-02				
Responsible Entity Name *	ROBERT ROBERTSON	FDA Certification #			
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	4		
Total number of workers		Total number of vehicle			
Open Date		Close Date			
For which county you would like to register your busines	ıs? *		ELKO		
Most of the new businesses require a plan review. Pleas	e click here to understand p	lan review requirements or give (us a call at (775) 687-7533		
Does your new business require a plan review? If you ar	e not sure, please give us a	call at (775) 687-7533 *	⊖ _{Yes} ⊙ _{No}		
Reset				<< Back	Next >>

Questions:

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

кеq			
En	tity Information Address Information Additional Information Questions Attestation		
		<< Back	Next >>
Que	stions		
	51015		
#	Question	Response	
#	Question 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.	Response O Yes O No	

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

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**".

Ree	uested Credential(s) : SEPTIC TANK LOAN CERTIFICATIONS	
E	Address Information Address Information Additional Information Questions Attestation	
		<< Back
Att	estation	_
Yo	u 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 docum	ent 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 Rehavioral Health is true an	d correct, is
	not submitted for any improver purpose, and that I am authorized to submit the information.	
	I understand it is unlawful to submit any illegal, unauthorized, fraudulent, deceitful, forged, decentive, defamatory, illicit, or improper information, as o	lefined 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	Ith. and any
	other parties entitled thereto, for any damages incurred for any uplayful, upauthorized, fraudulent, dereitful, forged, dereptive, defamatory, illicit, or	mproper
	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 film	n system.
	I further understand that I may be subject to criminal and/or civil penalties for submitting any unlawful unautherized from the desitful formed de	antiva
	Indicite anderstand unat i marchasi possibility de subject to chimina analytic dur penatores to sobilitating any amawina analotionized, nadadient, decentral, torged, der defamatory illicit, or improver information, ac defined by foderal and state law	epuve,
	defanatory, mich, or improper information, as defined by regerar and state raw.	الشريحة الم
	I understand and agree that an information submitted is the property of the Nevada Division of Public and Denavioral Realth, and may be monitored to	
	purposes. I further understand that during such monitoring, all information including personal information placed on this surface, may be examined, conied, and	used for any
	I deter anderstand that during such monitoring, an mormation, including personal mormation placed on this system, may be examined, copied, and	used for any
	autoonzeo purpose.	
	I understand that I am responsible for any errors or omissions in the input or information and that I am also responsible for reviewing all information f	DF
	completeness and correctness prior to submission.	
	deciare under penalty or 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 to	ne the specific
	statutory type of entity for which this licensure application is made.	
	rees paid will not be refunded for failure to obtain approval, voluntary withdrawal or cancellation of the event.	
	Name * Johnny Walker × Date * 06/22/2017	
		Deals
	Submit Application	Back
	Submit Application	

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 (107-SEPTIC TANK LOAN CERTIFICATIONS)	\$133.00
Total Fee	\$133.00

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.



You will be redirected to the secure payment gateway.

Select your payment method:

v would you like to	o pay?
Card	eCheck
PAY BY	PAY WITH
VISA C	echeck

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

Update: 06/08/2017

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).

Sample ISDS Loan Certificate Checklist:

Confir	Confirmation							
YOUR	YOUR APPLICATION IS NOT COMPLETE AND A PERMIT CANNOT BE ISSUED UNTIL THE APPLICATION AND OTHER REQUESTED DOCUMENTS ARE ATTACHED BELOW.							
Thank numbe	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 176547. If we need any additional information; we will contact you.							
The pa	yment receipt has b	een sent to: <u>SKUMAR@DEL.AITHENT.COM</u>						
If you v	would like to print y	our payment receipt: <u>click here</u>						
To viev	v the application sur	nmary: <u>click here</u>						
Check	list							
If you l	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	Documents (0)	N/A				
2	2 SEPTIC TANK LOAN Septic Tank Loan Certification Application. Click here for application. Documents (0) Pending							
3	SEPTIC TANK LOAN CERTIFICATIONS	Plot plan drawn to scale	Documents (0)	Pending				



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

Returning to your account:

To return to your account to complete an application or manage your licenses, go to https://nvdpbh.aithent.com/login.aspx, enter your user name and password and then click the Login button:



Contact Information	in. With most sewage program permits you will likely use:
Name: CONSTRUCTION PERMIT 727 FAIRVIEW DR. STE D	• View Pending Online Application: to continue the application
Phone #: 775-687-7533 Email: EHSCUSTOMERSERVICE@HEALT	 Renew: to renew an existing annual permit (septic pumpers only)
WHAT DO YOU WANT TO DO?	 Apply for a new license: to apply for a new permit under the same contractor's license (ISDS only)
View Pending Online Application(s)	
Renew	Print Receipt: to review receipts
Apply for New License	• Pay Invoice(s) : to pay invoices EHS has assessed, other
Print Receipt	than renewals
Statement of Deficiency/OOC	• View Credential(s): to view a list of all permits under this
Pay Invoice(s)	account
Remodel	Change Password: to change your password
Change Contact Information	
View Credential(s)	Contact your local field office for instructions before selecting the other options.
Change Password	

Select what action you would like to take now that you're logged

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	Application Summary 🤇	View Details	Withdraw			
Sewage Programs	175237					Continue Application Withdraw			

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/.