APPLICATION FOR A SERVICE PROVIDER REGISTRATION
PICKAWAY COUNTY GENERAL HEALTH DISTRICT
110 ISLAND RD. SUITE C, PO BOX 613
CIRCLEVILLE, OH 43113
Phone: -740-477-9667  Fax: -740-474-5523

Business Name: ____________________________ Date: __________
Operator’s Name: ___________________________ ID #: __________
Street Address: ____________________________ Fee: __________
City, State, Zip: ____________________________
Phone: ___________ Cell Phone: ___________ Pager: ___________ Fax: ___________
E-Mail: __________________________________________________________________________
Bond Company: ____________________________ Bond Expiration Date: / /
Types of Components Serviced: ________________________________________________________

I HEREBY AGREE TO ALL RULES AND REGULATIONS OF THE OHIO REVISED CODE 3718 AND THE OHIO ADMINISTRATIVE CODE 3701-29.

If you plan to renew your Pickaway County registration for this calendar year, you will need to submit the following in order to perform the services as a sewage system provider:

1. Registration Application along with sewage system provider registration fee
2. Proof of passing the Testing Requirements
3. Copy of 6 CEU Certification received in the previous calendar year to count for the licensing year you are applying to do work
4. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval by the director.
5. A copy of your General Liability insurance of not less than $500,000 (Original must go to The ODH)
6. A copy of your company surety bond (original to be filed with Ohio Department of Health)
7. Any outstanding forms, permits, plans, service records, or other documentation for prior system work that have not been submitted to the local health district.

APPLICANT ____________________________ DATE: __________________________
(SIGNATURE) (Office Use Only)

YEAR __________
 Test Date: / /
Score: ____________

□ Registration Approved:______ □ Registration Denied:______ □ Insurance
□ CEUs Attached □ Bond Attached

DATE ____________ RECEIPT # ____________ Received by: ____________________________