

**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 _____ Registration Approved: _____ Registration Denied: _____ Insurance

Test Date: / / _____ Score: _____ CEUs Attached Bond Attached

DATE _____ RECEIPT # _____ Received by: _____