

**APPLICATION FOR REGISTRATION TO INSTALL
HOUSEHOLD SEWAGE TREATMENT SYSTEMS
PICKAWAY COUNTY PUBLIC HEALTH
110 Island Rd., Suite C
CIRCLEVILLE, OH 43113
Phone: 1-740-477-9667 Fax: 1-740-474-5523**

Business Name: _____ Date: _____
 Name of Operator _____ ID #: _____
 Street Address: _____ Fee: _____
 City, State, Zip: _____
 Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
 E-Mail: _____
 Bond Company: _____ Bond Expiration Date: _____

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

Do you wish to received information regarding Bidding on WPCLF Projects? ___ Yes ___ NO
 If you checked yes please list your email below. No Bids will be mailed out.

Email address _____

Failure to fill out all information on application renewal will result in everything being sent back to you to be filled out.

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 treatment system installer:

1. Registration Application along with sewage treatment system installer 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.
6. A copy of your company surety bond.
7. Any outstanding forms, permits, plans, service records, or other documentation for prior installed 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: _____