

# APPLICATION FOR A SERVICE PROVIDER REGISTRATION

## 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: \_\_\_\_\_

Operator's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fee: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expiration Date: / / \_\_\_\_\_

Types of Systems/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.

Please remember, your registration must be completed and approved prior to conducting business in Pickaway County

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

(SIGNATURE)

(Office Use Only)

YEAR 20\_\_\_\_  Registration Approved:\_\_\_\_  Registration Denied:\_\_\_\_  Insurance

Test Date: / / \_\_\_\_\_ Score: \_\_\_\_\_  CEUs Attached  Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_