

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

UNION COUNTY HEALTH DEPARTMENT

940 LONDON AVENUE SUITE 1100

MARYSVILLE, OH 43040

Phone: 1-937-642-2053 Fax: 1-937-645-3047

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 Served: _____

As per Section 3701-29-03 of the Ohio Administrative Code Sewage Treatment System Rules, the registration of approved service provider companies expires December 31 of each year.

Please refer to the enclosed letter and enclosure from the Ohio Dept of Health (ODH) pertaining to requirements for bonding and testing.

Enclosed, you will find a copy of the Ohio Administrative Code 3701-29-03 which pertains to the registration of sewage installers, service providers, and septage haulers. Please read carefully. Please note that either six continuing education hours or other means of demonstrating competency must be completed in 2015 for 2016 registration.

By Signing this registration application, you acknowledge that you have read and understand the information stated in Chapter 3701-29-03 of the Ohio Administrative Code.

An email address is required as part of the application process. Please submit email address below:

EMAIL: _____

APPLICANT _____ DATE _____

(SIGNATURE)

(Office Use Only)

YEAR 2016 _____

Registration Approved: _____ Registration Denied: _____

Insurance

Test Date: / / _____

Score: _____

CEUs Attached

Bond Attached

DATE _____

RECEIPT # _____

Received by: _____