

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

MORROW COUNTY HEALTH DISTRICT

619 W. MARION RD

MT. GILEAD, OH 43338

Phone: 1-419-947-1545 Fax: 1-419-946-6807

Business Name: _____ Date: _____

Operator's Name: _____ ID #: _____ 0

Street Address: _____ Fee: 230.00

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / /

Types of Components Serviced: _____

Please verify that all information is correct and change as needed.

A completed application form, proof of six (6) CEU's, \$25,000.00 (may be reduced based to \$15,000 with dual registration as an installer and service provider) Surety bond, proof of General Liability Insurance (no less than \$500,000 coverage) and a \$230.00 registration fee are due by DECEMBER 31, 2017. Failure to complete the requirements of registration will delay & prevent you from having a valid registration until all of the requirements have been met.

My signature below signifies that I am familiar with Morrow County's household sewage disposal regulations as duly adopted by the Morrow County Board of Health and do hereby agree to abide by these regulations.

Applications and other forms are available online. You may visit our website at:
www.morrowcountyhealth.org

HOW DO YOU PREFER TO BE CONTACTED? 1ST CHOICE: _____

2ND CHOICE: _____

APPLICANT _____ DATE: _____

(SIGNATURE)

(Office Use Only)

YEAR 2018 _____

Registration Approved: _____ Registration Denied: _____

Insurance

Test Date: / / _____

Score: _____

CEUs Attached

Bond Attached

DATE _____

RECEIPT # _____

Received by: _____