

**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: 03/04/2020
 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, 2019. 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 2020 Registration Approved: _____ Registration Denied: _____ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____