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: ______________________