APPLICATION FOR REGISTRATION
"INSTALLER" SEWAGE TREATMENT SYSTEMS

I, _____ PHONE: _____

DBA, _____ PHONE:_____
           (COMPANY NAME)

ADDRESS _____CITY _____ ZIP CODE: _____

DATE: _____ APPLICANTS SIGNATURE _____

hereby apply to be registered as an "Installer of Sewage Treatment Systems, or parts thereof", in the Allen County Combined Health District for the year of 2017.

I agree to abide with all laws, rules, regulations, and specifications governing the installation, alteration, design, construction and location of sewage treatment systems, and only install or alter a sewage treatment system after plans have been approved and a permit issued to perform the work by the Board of Health.

This application and fee is due during the month of December 2016 if you intend to be registered to install or alter sewage treatment systems in the Allen County Combined Health District during the year 2017.

All of the following items are needed to be registered in the State of Ohio and Allen County Public Health. Please enclose your registration fee and copies of the following:
1. The registration fee of $150.00 made payable to Allen County Public Health
2. Proof of compliance with testing requirements
3. Proof of compliance with any system specific training, if required
4. Proof of General Liability Insurance of not less than $500,000.
5. Proof of the completion of at least 6 continuing education hours within the previous year
6. Proof of Surety Bond; refer to bonding chart on the reverse side of this application
7. Completed Contact Information sheet

If you have any questions pertaining to registration requirements, laws, rules, regulations, specifications, the design and location of individual sewage treatment system, please contact our office or visit our web page at www.allencountypublichealth.org.

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Office Use Only

DATE RECEIVED _____; ( ) FEE ( ) ODH REGISTRATION REQUIREMENTS

RECEIPT # _____; DATE REGISTRATION ISSUED _____ REGISTRATION # _____

CHECK # _____; CASH $_____ AUTHORIZED BY _____

REMARKS: _____

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