

APPLICATION FOR A SERVICE PROVIDER REGISTRATION
HOCKING COUNTY HEALTH DEPARTMENT
350 STATE ROUTE 664 NORTH
LOGAN, OH 43138
Phone: 1-740-385-3030 Fax: 1-740-385-2252

Business Name: _____ Date: 01/23/2025

Operator's Name: _____ ID #: 1

Street Address: _____ Fee: 135.00

City, State, Zip: _____

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

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / /

Types of Systems/Components Serviced: _____

I/We hereby apply for registration to service and inspect sewage treatment devices in Hocking County. I/We further agree to comply with all regulations and recommendations pertaining to the inspection and servicing of sewage treatment system devices. I/We fully understand that failure to comply may result in revocation of license.

FEE \$135.00

Please include proof of \$500,000 general liability insurance, passing the state exam, and any system specific certifications that prove you are authorized doing service work on. If you are renewing your registration, include certificate of completing 6 hours continuing education in 2025. A state bond must be submitted to and approved by the Ohio Department of Health in order to complete your registration.

Return completed application by December 31, 2025, to expedite processing and to compile a list of Registered Service Providers for the public's benefit. Registration may be denied if all required service records are not submitted.

A penalty fee of 25% of the registration fee will be assessed if any work is conducted prior to registration.

APPLICANT _____ DATE. _____

(SIGNATURE)

(Office Use Only)

YEAR 2025 ☐ Registration Approved: _____ ☐ Registration Denied: _____ ☐ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____