

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

HOCKING COUNTY HEALTH DEPARTMENT

350 SR 664 N

LOGAN, OH 43138

Phone: 1-740-385-3030 Fax: 1-740-385-2252

Business Name: _____ Date: _____

Operator's Name: _____ ID #: 1

Street Address: _____ Fee: 125.00

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.

Please include proof of \$500,000 general liability insurance, passing the state exam, and any system specific certifications. If you are renewing your registration, include certificate of completing 6 hours continuing education in 2021. 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, 2021, 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 2022 Registration Approved: _____ Registration Denied: _____ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____