

**ROSS COUNTY HEALTH DISTRICT
PLUMBING CONTRACTOR REGISTRATION**

REGISTRATION FOR CERTIFICATION TO ENGAGE IN PLUMBING AS PROVIDED IN SECTIONS 3703.01 TO 3703.99, INCLUSIVE, OF THE OHIO REVISED CODE, AND AS DEFINED BY THE OHIO ADMINISTRATIVE CODE 4101: 2-51 AND PLUMBING REGISTRATIONS ESTABLISHED BY THE ROSS COUNTY HEALTH DISTRICT BOARD OF HEALTH. PLEASE RETURN COMPLETED FORM TO THE ROSS COUNTY HEALTH DISTRICT, ENVIRONMENTAL HEALTH SERVICES, 150 E. SECOND STREET, CHILLICOTHE, OHIO 45601.

Plumbing Contractor Registration Fee.....\$175.00

Name of Individual _____ Company Name _____

State License # _____ Telephone _____ Email _____

Street Address _____ City _____ Zip Code _____

1. Legal Form of Organization: Partnership _____ Individual _____ Corporation _____

2. Experience (Years) _____ (Months) _____

3. Reference 1. _____ 2. _____

Address _____

I further declare that if registered I will abide by the provisions set forth in the Ohio Administrative Code 4101-2-51 and Plumbing Regulations as established by the Ross County Board of Health.

A COPY OF YOUR CURRENT PROOF OF INSURANCE, COPY OF STATE LICENSE, COPY OF WORKERS COMPENSATION, AND A COPY OF BOND WITH CITY OF CHILICOTHE MUST ACCOMPANY THIS REGISTRATION FORM.

NAME AND TELEPHONE NUMBER OF YOUR INSURANCE COMPANY _____

I Hereby certify that the information contained in the foregoing application is true.

Signed _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

Office Use:

Date received by the Ross County Health Department _____

Date registered by the Ross County Health Department _____

Registration Number _____ Receipt # _____ Check/Cash _____