

**APPLICATION FOR A SERVICE PROVIDER REGISTRATION
 LICKING COUNTY HEALTH DEPARTMENT
 675 PRICE RD
 NEWARK, OH 43055
 Phone: 1-740-349-6535 Fax: 1-740-349-6510**

Business Name: _____ Date: 12/19/2017
 Operator's Name: _____ ID #: 0
 Street Address: _____ Fee: 250.00
 City, State, Zip: _____
 Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____
 E-Mail: _____
 Bond Company: _____ Bond Expiration Date: / /

Types of Components Serviced: _____

2018 SEWAGE TREATMENT SERVICE PROVIDER REGISTRATION FEE: \$250.00

Any new Sewage Treatment System installer, service provider, or septage hauler that operates in Licking County, must pass the ODH Registration exam as required in the Ohio Administrative Code, Rule 3701-29-03(c)(2). If you are renewing your registration, you must provide proof of six (6) continuing education credits to continue operating on or after January 1, 2017.

Proof of General Liability Insurance of not less than \$500,000 and a surety bond issued for the calendar year on the ODH bond form is required. Submit the surety bond with original signatures and seal to the Ohio Department of Health. Proof of liability insurance must be submitted to the Licking County Health Department

APPLICANT _____ DATE: _____
 (SIGNATURE)

(Office Use Only)

YEAR 2018 Registration Approved: _____ Registration Denied: _____ Insurance
 Test Date: / / Score: _____ CEUs Attached Bond Attached
 DATE _____ RECEIPT # _____ Received by: _____