



**Septic Service Provider Registration Form**

*Application for registration to engage in the septic business within the jurisdiction of Licking County Health Department.*

Business Name:

Contractor Name:

Street Address:

Cell Phone Number:

Additional Phone Number:

Email Address:

Type of Components Serviced:

***Registration For Septic Service Provider Contractor in Licking County - \$250.00***

- PROOF OF GENERAL LIABILITY INSURANCE OF NOT LESS THAN \$500,000. PROOF OF LIABILITY INSURANCE MUST BE SUBMITTED TO THE LICKING COUNTY HEALTH DEPARTMENT.
- 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. PLEASE PROVIDE LICKING COUNTY HEALTH DEPARTMENT A COPY OF THE BOND.
- ANY NEW SEWAGE TREATMENT SYSTEM INSTALLER MUST PASS THE ODH REGISTRATION EXAM AND PROVIDE OUR OFFICE WITH THE CERTIFICATE PER OAC 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, 2023.

*By signing this application, I agree to comply with the rules and regulations of the Licking County Combined General Health District and the State of Ohio governing the business of septic systems. I have a copy of these rules and regulations and understand the provisions contained therein.*

Applicant Name (Print):

Applicant Signature:  Date:

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**LCHD INTERNAL USE ONLY**

Bond Attached

Insurance

Test Certificate

CEUs Attached

Registration Approved

Date Processed In HDIS:

Insurance Expiration Date:

HDIS Assigned Registration #: