



Delaware General Health District
2012 BOND for Sewage System Installer

LICENSE BOND

KNOW ALL MEN BY THESE PRESENT, That we _____
_____ as Principal, and
_____ as Surety, a
corporation duly authorized to transact the business of Surety ship in the State of Ohio, are held and
firmly bound unto THE BOARD OF HEALTH OF DELAWARE GENERAL HEALTH
DISTRICT, OHIO as Obligee, in the penal sum of TWENTYFIVE THOUSAND AND NO/100
(\$25,000.00) Dollars for the payment of which well and truly to be made, we bind ourselves, our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these
presents,

Sealed with our seals this _____ day of _____, _____

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above Principal has or is about to apply to said Obligee for a license as SEWAGE
TREATMENT SYSTEM INSTALLER for the term commencing this date and ending **December
31, 2012**; pursuant to the Rules and Regulations of the Delaware General Health District for the
INSTALLATION, ALTERATION, REPAIR AND ABANDONMENT of the Sewage Systems.

NOW THEREFORE, if said principal shall well and truly, comply with and faithfully discharge his
duties according to the terms of said Rules and Regulations relating to the issuance of said license,
and fully indemnify and save harmless the said Obligee, and any person or persons injured or
damaged by the failure of said contractor to comply with the terms of said Rules and Regulations
and with the terms of the laws of the State of Ohio; then this obligation shall be void, otherwise to be
and remain in full force and effect.

Principal

By:

Surety

By: Attorney-in-Fact

Bond Number: _____

**2012 APPLICATION FOR REGISTRATION TO INSTALL INDIVIDUAL HOUSEHOLD SEWAGE
TREATMENT SYSTEMS WITHIN THE JURISDICTION OF THE DELAWARE GENERAL
HEALTH DISTRICT
P. O. Box 570; 1 W. Winter St.
Delaware, OH 43015
740/368-1700**

INSTRUCTIONS

The instructions below outline the items needed to complete the registration process for the year of 2012. Once all documents are completed, you may bring the items to our office or return via mail per the address listed at the top of this application.

1. Complete and return this application form. Applicant's signature and date are required.
2. Return Certification that you have passed the Ohio Department of Health Exam. If you have already taken and passed the exam, you do not need to do so again.
3. Return a Delaware General Health District Bond for a minimum of \$25,000.00. Bond must contain an original seal and must have an expiration date valid through December 31, 2012. **Facsimile or photocopies will not be accepted.**
4. Return all required documents with a \$250.00 Registration fee. Check payments should be made payable to Delaware General Health District.

**COMPANY INFORMATION
PLEASE PRINT**

NAME OF COMPANY

OWNER/CONTACT

MAILING ADDRESS

CITY

STATE

ZIP

BUSINESS PHONE

CELL PHONE

FAX #

E-MAIL ADDRESS

I am familiar with the Home Sewage Treatment Rules as duly adopted by the Delaware General Health District Board of Health and hereby agree to abide by these regulations. Such registration shall remain valid until December 31, 2012 or only so long as the work performed is satisfactory to the Health Commissioner.

The 2012 registration fee is \$250.00.

Bonding Company: _____ Expiration Date: _____

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Registration #: _____ Date Received: _____

Receipt #: _____ Date of Receipt: _____

Continuing Education Units: _____