

**APPLICATION FOR A SERVICE PROVIDER REGISTRATION  
 DELAWARE GENERAL HEALTH DISTRICT  
 1 WEST WINTER STREET  
 DELAWARE, OH 43015  
 Phone: 1-740-368-1700 Fax: 1-740-368-1736**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Operator's Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Fee: 270.00

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expiration Date: / / \_\_\_\_\_

Types of Components Serviced: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2017 APPLICATION FOR SERVICE PROVIDER REGISTRATION**

Please complete the following for the registration process for the year of 2017. Once all documents are completed, you may bring the items to our office or return via mail to PO Box 570 Delaware, Ohio 43015.

1. Complete and return this application form with application fee. Applicant's signature and date are required. Check payments payable to DGHD.
2. Return Certification that you have passed the Ohio Department of Health Exam for the sewage rules effective January 1, 2015.
3. Proof of compliance with any system specific training, qualification, or certification required as a condition of a system's approval by the Director of ODH.
4. Return an Ohio Department Of Health Surety Bond. Refer to provided bond packet for further details.
5. Return Proof of General Liability Insurance of not less than \$500,000.
6. Any outstanding forms, permits, plans, service records, or other documentation for prior system work that have not been submitted.
7. Proof of at least 6 hours of ODH approved continuing education during the previous calendar year or other proof of competency outlined in OAC 3701-29-03 (C) (5)

I hereby agree to abide by the requirements in rule 3701-29 of the OAC. Such registration shall remain valid until December 31, 2017 or only so long as the work performed is satisfactory to the Health Commissioner.

APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

(SIGNATURE)

(Office Use Only)

YEAR 2017       Registration Approved: \_\_\_\_\_       Registration Denied: \_\_\_\_\_       Insurance

Test Date: / / \_\_\_\_\_      Score: \_\_\_\_\_       CEUs Attached       Bond Attached

DATE \_\_\_\_\_      RECEIPT # \_\_\_\_\_      Received by: \_\_\_\_\_