APPLICATION FOR A SERVICE PROVIDER REGISTRATION

TRUMBULL COUNTY COMBINED HEALTH DISTRICT

194 W. MAIN ST.

CORTLAND, OH 44410

Phone: 1-330-675-2489 Fax: 1-330-675-2494

Business Name: _____ Date: _____

Operator's Name: _____ ID #: _____

Street Address: _____ Fee: 125.00

City, State, Zip: , _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / / _____

Types of Systems/Components Serviced: _____

I HEREBY AGREE TO ALL RULES AND POLICIES OF THE TRUMBULL COUNTY COMBINED HEALTH DISTRICT HOUSEHOLD SEWAGE TREATMENT SYSTEM AND O.A.C. 3701-29. I AM SUBMITTING FOR APPROVAL:

1. Registration Application Fee - $125.00
2. Proof of passing the Ohio Department of Health Testing Requirements (New registrations only)
3. Copy of CURRENT Training Certification from each manufacturer (NEW ONLY)
4. Copy of a letter from a licensed distributor that I will be purchasing approved replacement parts from OR I am a licensed distributor for _____systems (NEW ONLY)
5. A copy of the State Bond (HEA Form 5438) with attached Power of Attorney.
6. Proof of $500,000.00 liability coverage.

APPLICANT _____ DATE. _____

(SIGNATURE)

(Office Use Only)

YEAR _____ ☐ Registration Approved:____ ☐ Registration Denied: ____ ☐ Insurance

Test Date: / / _____ Score: _____ ☐ CEUs Attached ☐ Bond Attached

DATE _____ RECEIPT # _____ Received by: _____