

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
TRUMBULL COUNTY COMBINED HEALTH DISTRICT**

**194 W. Main St.
CORTLAND, OH 44410
1-330-675-2489**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: 0

Bond Company: _____ Bond Expires: / /

Email: _____ License _____

Per Board regulation, a copy of your State Plumbing License must be submitted with your Master Plumber application or the application will be returned.

A bond is not required.

The Board of Health will be updating a list of State Certified Backflow Installers and Testers. If you wish to be on this list, please submit a copy of your, or any of your employees, current state certification.

Registration fee \$125.00

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER 0 YEAR _____

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____