

APPLICATION FOR A SERVICE PROVIDER REGISTRATION

TRUMBULL COUNTY COMBINED HEALTH DISTRICT

176 CHESTNUT AVE NE

WARREN, OH 44483

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

Business Name: _____ Date: _____

Operator's Name: _____ ID #: 0

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;
3. Copy of CURRENT Training Certification from the manufacturer;
4. Copy of a letter from a licensed distributor that I will be purchasing approved replacement parts from;
5. A copy of the State Surety Bond (HEA Form 5438) with attached Power of Attorney.
6. Proof of \$500,000.00 liability coverage
7. Proof of completion of 6 CEU's from prior operating calendar year
8. I am able to perform service on the following systems:

___ JET	___ NAYADIC	___ MIGHTY MAC
___ NORWECO	___ MULTIFLOW	___ OTHER; PLEASE SPECIFY
___ DELTA	___ HYDRO ACTION	_____

APPLICANT _____ DATE _____

(SIGNATURE)

(Office Use Only)

YEAR 2021 Registration Approved: _____ Registration Denied: _____ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____