

**APPLICATION FOR A SERVICE PROVIDER REGISTRATION
VINTON COUNTY HEALTH DEPARTMENT**

31927 S.R. 93

MCARTHUR, OH 46551

Phone: 1-740-596-0473 Fax: 1-740-596-5837

Business Name: _____ Date: _____

Operator's Name: _____ ID #: _____

Street Address: _____ Fee: _____

City, State, Zip: _____

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

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / / _____

Types of Systems/Components Serviced: _____

I hereby make application for registration to SERVICE SEWAGE TREATMENT AND DISPOSAL SYSTEMS of parts thereof within the Vinton County Health Department in compliance with the Ohio Administrative Code 3701-29.

The annual fee for a service provider registration shall be \$100.00. Please follow the attached bond directions.

Please provide any and all certificates you have as a Service Provider. If a certificate is not provided exhibiting approval for servicing components in which you apply to register, registration may be denied for that component.

I agree to comply with the regulations of the Vinton County Health Department.

Your license will expire DECEMBER 31 of each year.

APPLICANT _____ DATE: _____

(SIGNATURE)

(Office Use Only)

YEAR _____ Registration Approved: _____ Registration Denied: _____ Insurance

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

DATE _____ RECEIPT # _____ Received by: _____