# APPLICATION FOR A SERVICE PROVIDER REGISTRATION


## VINTON COUNTY HEALTH DEPARTMENT
## 31927 ST. RT. 93
## MCARTHUR, OH 45651
## 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: ______________________________

Types of Components Serviced: ______________________________

______________________________

______________________________

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

The annual fee for a service provider registration shall be $60.00. 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)

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(Office Use Only)

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

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

DATE __________ RECEIPT # __________ Received by: __________