



Franklin County Public Health
 280 East Broad Street
 Columbus, Ohio 43215-4562
 (614) 525-3160
 www.myfcph.org

Service Provider Registration Application

Water Quality Program

Registration Fee: \$125.00

Required Documentation:

- Copy of certificate of passing Ohio's contractor test.
- Copy of State of Ohio surety bond (valid from Jan 1 – Dec 31 of the registration year).
- Proof of no less than \$500,000 general liability insurance coverage.
- Proof of six (6) ODH approved continuing education hours during the previous calendar year.

Applicant Information

Company Name	Contact Person	
Address	City	Zip Code
Phone Number	Email Address	

Types of Systems You Service

<input type="checkbox"/> Aeration <input type="checkbox"/> NPDES Aeration <input type="checkbox"/> Septic to Leach <input type="checkbox"/> Pre-treatment to Leach <input type="checkbox"/> Evapo-Transpiration <input type="checkbox"/> Mound <input type="checkbox"/> Drip Irrigation <input type="checkbox"/> Other _____

Manufacturer of Systems You Service

<input type="checkbox"/> Aqua-Clear <input type="checkbox"/> Cavitette <input type="checkbox"/> Hydro Action <input type="checkbox"/> Jet <input type="checkbox"/> Multi-Flo <input type="checkbox"/> Nayadic <input type="checkbox"/> Norweco <input type="checkbox"/> Oldham <input type="checkbox"/> Other _____
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By signing below, you certify that you are the owner or authorized representative, the information provided above is accurate and you agree to comply with the requirements in 3701-29 of the Ohio Administrative Code.

Signature	Date
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For Office Use Only

Contractor Testing Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Approved CEU (6 hours) <input type="checkbox"/> Yes <input type="checkbox"/> No	State of Ohio Surety Bond <input type="checkbox"/> Yes <input type="checkbox"/> No	\$500,000 Liability Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No
Application Reviewed/Approved By:	Registration #:	Receipt #:	Date: