**Service Provider Registration Application**

**Water Quality Program**

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**Registration Fee:** $150.00

**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.

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**Applicant Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Email Address</th>
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**Types of Systems You Service**

- □ Aeration
- □ NPDES Aeration
- □ Septic to Leach
- □ Pre-treatment to Leach
- □ Evapo-Transpiration
- □ Mound
- □ Drip Irrigation
- □ Other ______________________________________

**Manufacturer of Systems You Service**

- □ Aqua-Clear
- □ Cavitette
- □ Hydro Action
- □ Jet
- □ Multi-Flo
- □ Nayadic
- □ Norweco
- □ Oldham
- □ 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**

<table>
<thead>
<tr>
<th>Contractor Testing Certificate</th>
<th>Proof of Approved CEU (6 hours)</th>
<th>State of Ohio Surety Bond</th>
<th>$500,000 Liability Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
<td>□ No</td>
</tr>
</tbody>
</table>

**Application Reviewed/Approved By:**

**Registration #:**

**Receipt #:**

**Date:**

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Rev 12/10/2019