

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION
5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net

**2015 APPLICATION FOR SEWAGE TREATMENT SYSTEM CONTRACTOR
REGISTRATION**

All persons performing duties as a sewage treatment system installer, service provider, or septage hauler shall be registered with each Local Health District where they will be working as per the requirements in rule 3701-29-03 of the Ohio Administrative Code (effective January 1, 2015).

Registrations Expire on December 31st of Each Year

Business Name _____ **Business Phone** _____

Business Address _____ **Fax Number** _____

City _____ **Zip Code** _____

Owner/Representative _____ **Home Phone** _____

E-mail Address _____ **Cell Phone** _____

Number of Employees _____

Please select which registration(s) you are applying for:

- Hauler Registration \$160.00
- Hauler Vehicle Permit \$50.00 for each vehicle
 - Please complete additional information on the back of this form for each truck
- Installer Registration \$160.00
- Service Provider Registration \$160.00

Number of Registrations: _____ X \$160.00 \$ _____

Number of Vehicle Permits: _____ X \$50.00 \$ _____

Total Amount Submitted: \$ _____ (Make checks payable to the Cuyahoga County Board of Health)

Once Applications Are Processed Fees Are Not Refundable. Returned Checks Will Be Charged a \$10.00 Processing Fee

Registrant Signature: _____ **Date:** _____

Please note that additional requirements are needed to process your application. Please see the list below and ensure that these documents are included with your signed application and fees. Incomplete applications or applications without the required supporting documentation will not be processed and returned to you.

- Certificate of passing the required Ohio Department of Health Examination
- Proof of General Liability Insurance (not less than \$500.00)
- Proof of Statewide Surety Bond
- Proof of qualifications to service proprietary systems and components
- A copy of an inspection for each vehicle permit application from the local health department

-----Office Use Only-----

Log-in number _____ Amount paid _____ Registration number _____ Date issued _____

MAKE OF VEHICLE _____ YEAR _____

STATE LICENSE NO. _____ YEAR _____

VEHICLE MARKINGS _____ COLOR _____

TYPE OF TANK _____ SIZE _____

TYPE OF PUMP _____ SIZE _____

NUMBER OF FEET OF HOSE _____ TYPE & SIZE _____

LIST THE RECEIVING FACILITIES YOU WILL BE USING:

MAKE OF VEHICLE _____ YEAR _____

STATE LICENSE NO. _____ YEAR _____

VEHICLE MARKINGS _____ COLOR _____

TYPE OF TANK _____ SIZE _____

TYPE OF PUMP _____ SIZE _____

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