

# CUYAHOGA COUNTY BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

## 2019 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 31<sup>st</sup> 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 \$500,000.00)
- Proof of Statewide Surety Bond
- Proof of qualifications to service proprietary systems and components
- Proof of completion of a minimum of 6 CEU hours approved by ODH in 2017
- A copy of the Septage Hauler Truck Inspection Report for each vehicle to be registered

-----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:

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MAKE OF VEHICLE \_\_\_\_\_ YEAR \_\_\_\_\_

STATE LICENSE NO. \_\_\_\_\_ YEAR \_\_\_\_\_

VEHICLE MARKINGS \_\_\_\_\_ COLOR \_\_\_\_\_

TYPE OF TANK \_\_\_\_\_ SIZE \_\_\_\_\_

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