



250 William Howard Taft Road, 2nd Floor
 Cincinnati, OH 45219 • 513.946.7800
 hamiltoncountyhealth.org

2020 Plumbing Contractor Registration Application

Please enter the following information:

Company Name _____

Partner, Officer, or Full-time Employee Serving as
 Company's Representative Registrant _____

Company Address _____

City _____ State _____ Zip _____

Company Phone _____
 Office/Cell _____ Fax _____

Company E-mail _____

Surety Company _____ Bond Number _____

Please check that you have included the following items with your registration packet:

- This completed application form
- The \$100 application fee
- Original bond (must include power of attorney and certificate of compliance) or continuation certificate
- Certificate of liability (listing Hamilton County Public Health as certificate holder)
- OCILB license (not required for specialty contractor)

**** COMPANY NAME MUST BE THE SAME ON ALL DOCUMENTS OR APPLICATION WILL BE RETURNED ****

As a registered contractor with Hamilton County Public Health, I will abide by Chapter 4101: 2-51 of the Ohio Administrative Code and the rules and regulations of Hamilton County Public Health. I understand that any registration approval granted on the basis of false or inaccurate information supplied herein is automatically revoked and registration approval is similarly revoked.

 Printed Name

 Signature

 Date

OFFICE USE ONLY				
Registration #	Receipt #	Receipt Date	1st Approval	2nd Approval

PERFORMANCE BOND # _____ (Installation/Repair Plumbing)

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned _____ dba

_____, as Principal, and _____ as Surety, are hereby held and firmly bound unto the Board of Health of the Hamilton County General Health District of Hamilton County, Ohio, in the penal sum of Ten Thousand Dollars (\$10,000.00) for the payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, THAT, WHEREAS, the above named principal has registered with the Board of Health of the Hamilton County General Health District, to install and repair plumbing within the territory of the Hamilton County General Health District with registration becoming effective on the ____ day of _____ 20____.

NOW, if the said principal shall well and faithfully do and perform all installation and repair in accordance with all permits issued to him by the Hamilton County General Health District and conforms to any and all rules and regulations and orders of the Hamilton County General Health District, a copy of which is available during normal working hours from the Health Commissioner, and the building and plumbing codes of the State of Ohio and County of Hamilton and completes installation and repair of all work undertaken; and if said Principal shall indemnify and hold harmless the Hamilton County General Health District, the Board of Health of the Hamilton County General Health District, and its employees from all claims for loss and damages that may result in any way by way of accident, negligence, nonfeasance, or lack of care, skill or attention on his part or on the part of anyone in his employment in the installation or repair of plumbing undertaken by him, including all costs and expense arising from the defense of said claims; then this obligation shall be void; otherwise, the same shall remain in full force and effect.

The aggregate liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The bond shall begin _____ 20____ and continue through December 31 of the year executed or until canceled which ever occurs last. This bond may be canceled as to future liability by the surety upon thirty (30) days written notice to the Board of Health of the Hamilton County General Health District. Any such cancellation shall release the surety from liability for any subsequent acts of the principal; provided, however, the surety shall remain liable for any and all acts of the principal covered by this bond up to the date of cancellation.

Signed on this ____ day of _____ 20____.

Witness 1 for principal

Principal – Printed Name

Witness 2 for principal

Principal – Signature

Address

Witness 1 for Attorney-in Fact

Surety

Witness 2 for Attorney-in Fact

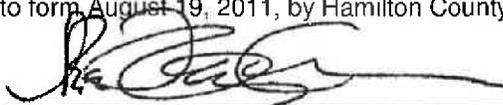
Address

By: _____
Attorney-in-Fact - Signature

ATTEST: _____, Health Commissioner and Secretary, Board of Health

This bond accepted by the Hamilton County General Health District, ____ day of _____ 20____.

This bond approved as to form August 19, 2011, by Hamilton County Prosecuting Attorney's office, Joseph T. Deters, Prosecutor.

Approved as to form: 
Nee Fong Chin, Chief Assistant Prosecuting Attorney

Bond Requirements

A bond must have the following items to meet the contractor registration requirements:

- _____ Only an original bond will be accepted. **Do not** attempt to reproduce our bond form as it is pre-signed by the assistant prosecuting attorney.
- _____ Bond must be valid through December 31 of the registration year.
- _____ Bond company must be "A" rated or better.
- _____ Principal's printed name and signature must be on appropriate lines.
- _____ Two (2) witness signatures for the principal must be present.
- _____ Surety/Attorney-in-fact's name and signature must be on appropriate lines.
- _____ Two (2) witness signatures for the surety/attorney-in-fact must be present.
- _____ Embossed or gold seal from the surety/attorney-in-fact must be affixed to the **bond form** not just the power of attorney.
- _____ Power of attorney must accompany the bond.
- _____ Active certificate of compliance, aka certificate of authority, from the Ohio Department of Insurance must accompany bond.

QUESTIONS

We look forward to working with you during this upcoming year. If you have questions about the registration requirements, please contact customer service at (513) 946-7800 or hcphcustserv@hamilton-co.org.