



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

2019 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