

CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)



529 E. Home Road
Springfield, Ohio 45503
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or visit us at www.ccchd.com

Master Plumber Registration 2019 - RENEWAL (Including the City of Springfield & New Carlisle)

To register to work in **Clark County (Including the City of Springfield & New Carlisle)** for the year **2019**, you must pay a fee and provide the following information:

Date of Application: _____

Registration Fee: Renew \$125.00

(Price after January 31, 2019 will be \$200)

Name		CCCHD Registration No.	
Business Name/DBA			
Business Address	City	State	Zip
Business Phone No.	Business Fax No.		
Cell Phone No.	e-mail:		

Please mark the information that applies to you and **include** a copy for your file:

- I have my State Plumbing License - State ID # _____
Please Note: You must have your state license to receive this registration.
- I have a current bond in the amount of \$10,000.00.
- I have a current certificate of liability insurance. (\$10,000/300,000 min liability)
- I have a current Certificate of Worker's Compensation.

Please send information to my home address listed below. (if not checked, info will be sent to business)

Home Address	City	State	Zip
Home Phone No.			

By signing this application, you agree to abide by any and all city and state laws and regulations and by the regulations set forth by the Clark County Combined Health District.

Signature

Date

PLEASE NOTE: YOUR CURRENT REGISTRATION WILL EXPIRE ON DECEMBER 31