

# CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)



529 E. Home Road  
Springfield, Ohio 45503  
(937) 390-5600, Ext. 251 Fax (937) 390-5625 e-mail: rcahill@ccchd.com  
or visit us at www.ccchd.com

## Inactive Master Plumber Registration 2019

To register to hold your master registration inactive for the year **2019**, you must pay a fee and fill out the information below:

Date of Application: \_\_\_\_\_

**Registration Fee: \$65.00**

Name	CCCHD Registration No.
------	------------------------

Home Address	City	State	Zip
--------------	------	-------	-----

Home Phone 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:

- I am currently not working but have my State License - State ID # \_\_\_\_\_  
(Please include a copy of St. License for your file.)
- I currently have my State License but am working as a journeyman for another master plumber.  
(If you mark this box, make sure to fill out information above and include a copy of your St. License for your file.)

**By signing this application, you agree to abide by any and all 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