## **CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)**



529 E. Home Road Springfield, Ohio 45503 www.ccchd.com

(937) 390-5600, Ext. 251 Fax (937) 390-5625 e-mail: rcahill@ccchd.com

or visit us at www.ccchd.com

## **Master Plumber Registration 2021**

(Including the City of Springfield & New Carlisle)

To register to work in **Clark County (Including the City of Springfield & New Carlisle)** for the year **2021**, you must pay a fee and provide the following information:

Date of Application:		ion Fee: \$200.00
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 a	applies to you and <i>includ</i> e a copy	for your file:
I have my State Plumbing  Please Note: You must have	License - State ID #e your state license to receive this registration	- on.
☐ I have a current bond in th	ne amount of \$10,000.00.	
I have a current certificate	of liability insurance. (\$10,000/300,0	000 min liability)
☐ I have a current Certificate	e of Worker's Compensation.	
Please send information to	my home address listed below. (if no	ot checked, info will go to business)
Home Address	City	State Zip
Home Phone No.		
	agree to abide by any and all s Clark County Combined Health	state laws and regulations and n District.
Signature		Date

PLEASE NOTE: YOUR CURRENT REGISTRATION WILL EXPIRE ON DECEMBER 31