

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

County-Only Master Plumber Registration 2010

(Excluding the City of Springfield & New Carlisle)

To register to work in **Clark County Only** for the year **2010**, you must pay a fee and fill out the information below.

Date of Application: _____

Registration Fee: **\$200.00**

Name		CCCHD Registration No.	
Business Name/DBA			
Business Address	City	State	Zip
Business Phone No.	Business Fax No.		
Cell Phone No.			

Please mark the information that applies to you. This information will be provided for the public only. We will list you as having the following information only if you provide a copy for your file.

- I have a current \$10,000.00 bond.
- 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.

Home Address	City	State	Zip
Home Phone No.			

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