

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

Journeyman Plumber Registration 2010

(Including the City of Springfield & New Carlisle)

To work in Clark County (Including the City of Springfield & New Carlisle) for the year **2010**, you must pay a fee and fill out the information below.

Date of Application: _____

Registration Fee: \$50.00

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

Please mark the one that applies to you:

- I currently do not work for a master plumber but would like to keep my registration current.
- I have tested in another municipality. (A copy of license is enclosed)
- I tested and passed the City of Springfield journeyman test.

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