

# 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

## Master Plumber Registration 2010 (Including the City of Springfield & New Carlisle)

To register to work in **Clark County (Including the City of Springfield & New Carlisle)** for the year **2010**, you must pay a fee and provide the following information:

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 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.

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