



Public Health
Prevent. Promote. Protect.
Greene County

APPLICATION FOR PLUMBING REGISTRATION

BUSINESS
NAME _____

BUSINESS
ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE _____ CELL PHONE _____ FAX # _____

CONTRACT PLUMBER
(NAME) _____

EMAIL ADDRESS: _____
(REQUIRED)

_____ **CHECK HERE IF YOU ARE LICENSED BY THE STATE OF OHIO. PROVIDE A COPY OF YOUR STATE LICENSE WITH THE APPLICATION.**

_____ **CHECK HERE IF YOU ARE A CERTIFIED BACKFLOW TESTER. PROVIDE A COPY OF YOUR STATE CERTIFICATION WITH THIS APPLICATION.**

I hereby agree, if registered, to comply with all the provisions of Chapter 4101:3-1-01.1, of the Ohio Administrative Code, and the Greene County Board of Health Regulations. I also certify that the statements in this application are true and correct to the best of my knowledge and belief. If any part of this application is found to be false, my registration may be suspended or revoked.

SIGNATURE _____ DATE _____

Health Department use only

Receipt # _____ Date _____