



Public Health
Prevent. Promote. Protect.
Greene County

APPLICATION FOR SEWAGE TREATMENT SYSTEM SERVICE PROVIDER REGISTRATION

Business Name _____

Business Address _____

City _____ State _____ ZIP _____ Contact Person _____

Business Phone _____ Cell Phone _____

Fax # _____ email _____

Please attach the following required documents:

1. Certificate of successful completion of state exam (not required for renewals)
2. Certificate(s) of 6.0 CEUs from the previous calendar year
3. Proof of General Liability insurance of at least \$500,000
4. Copy of \$25,000 Surety Bond (only \$15,000 if also registered installer)

I certify that I am an authorized representative of the business entity named above.

Signature _____ **Date** _____

Office Use Only

Registration # _____ **Date** _____ **Receipt** _____