



## Greene County Public Health

Melissa Howell MS, MBA, MPH, RN, REHS, Health Commissioner

Kevin L. Sharrett, MD, Medical Director

### Application for Plumber Registration

Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_  
email \_\_\_\_\_  
Contract Plumber (name) \_\_\_\_\_

#### **REGISTRATION FEE: \$200.00**

\_\_\_\_\_ Check here if you are licensed by the State of Ohio. Provide a copy of your state license with application.

\_\_\_\_\_ Check here if you are a Certified Backflow Tester. Provide a copy of your state certification with the application.

*I hereby agree, if registered, to comply with all the provisions of Chapter 4101:3-1 – 4101:3-13, 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.*

Applicant Name: \_\_\_\_\_  
(please print)

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_