Greene County Public Health
Melissa Howell MS, MBA, MPH, RN, REHS, Health Commissioner
Kevin L. Sharrett, MD, Medical Director

Application for Plumbing Registration

Business Name: _____

Business Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone: _____ **Cell Phone:** _____

Email Address: _____
(REQUIRED)

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 Printed Name: _____

Applicant Signature: _____ **Date:** _____

Health District Use Only

Registration: _____ Receipt Number: _____ Date: _____