

**APPLICATION FOR A SERVICE PROVIDER REGISTRATION**

**PERRY COUNTY HEALTH DEPARTMENT**

**PO BOX 230**

**NEW LEXINGTON, OH 43764**

**Phone: 1-740-342-5179 Fax: 1-740-342-5540**

Business Name: \_\_\_\_\_ Date: 12/07/2021

Operator's Name: \_\_\_\_\_ ID #: 1

Street Address: \_\_\_\_\_ Fee: 100.00

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expiration Date: / /

Types of Components Served: \_\_\_\_\_

I/We hereby apply for a permit to be a SERVICE PROVIDER in Perry County during the year of 2022.

I agree to comply with all regulations of the Board of Health of the Perry County Health Department. Chapter 3701-29-01 through 3701-29-23 of the Ohio Administrative Code - Registration of Service Providers and acknowledge that my registration may be suspended or revoked for violation of any provision of these code sections.

OAC CHAPTER 3701-29-03 THE ANNUAL FEE FOR A SERVICE PROVIDER SHALL BE \$100.00. The Ohio Department of Health and The Perry County Health Department Requires \$25,000 Surety Bond before application will be approved. A copy must be supplied to The Ohio Department of Health and The Perry County Health Department. You must also provide proof of passing the statewide STS Exam before registration will be approved.

SUCH REGISTRATION SHALL REMAIN VALID UNTIL December 31 OF EACH YEAR OR ONLY SO LONG AS THE WORK PERFORMED IS SATISFACTORY TO THE HEALTH COMMISSIONER.

BONDING COMPANY \_\_\_\_\_

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

(SIGNATURE)

(Office Use Only)

YEAR 2022  Registration Approved: \_\_\_\_\_  Registration Denied: \_\_\_\_\_  Insurance

Test Date: / / Score: \_\_\_\_\_  CEUs Attached  Bond Attached

DATE \_\_\_\_\_ RECEIPT # \_\_\_\_\_ Received by: \_\_\_\_\_