



## Ashtabula County Health Department

12 West Jefferson Jefferson, Ohio 44047 Tel: 440-576-6010 Option: 3 Fax: 440-576-0085

## APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING BUSINESS IN THE ASHTABULA COUNTY COMBINED HEALTH DISTRICT

(Registration expires December 31st of each year. Registration fee is \$150.00 annually.)

Plumbing Installer:				
Contractor's or Installer's Address:	Street Address	City	State	 Zip
	SS PHONE NUMBER:			_
	EXPIRATION DATE			
I agree to comply with all sectic Code), as adopted by incorporate Health District, Ashtabula Courbe removed from the register for Please make sure to submit a calso have an Ohio State Backflor Purveyors Testers List.  State of Ohio Tester Backflow Certification: # (	cion by reference by the inty, Ohio (effective Octor violation of any section of any section of your State Of Cow Tester License pleas	Board of Health of the ober 2, 1967), and a cons of the code.  Ohio Plumbing Come include so you will	ne Ashtabula Coucknowledge that  tractor's Licens  l be added to our	nty Combined my name may e; should you Water
	Signature:			_
FOR OFFICE USE ONLY	Print Name:			
I OR OFFICE ODE ONLI				
DATE:REGISTRATION NO.:	—— Home Addre	ss:		
DATE:	——————————————————————————————————————			

MAKE CHECKS PAYABLE TO: ASHTABULA COUNTY HEALTH DEPARTMENT OR ACHD