THE CITY OF COLUMBUS
MICHAEL B. COLEMAN, MAYOR

COLUMBUS PUBLIC HEALTH

Columbus Public Health
240 Parsons Ave, Columbus, OH, 43215
Phone: 614-645-7005
Fax: 614-645-7155

APPLICATION FOR SEWAGE TREATMENT SYSTEM CONTRACTOR REGISTRATION

The following information is required for a Sewage Treatment System Contractor to operate within the jurisdiction of the City of Columbus.
The registration fee is **$150.00** per year. Registration expires December 31 of each year.
*An installer, service provider, and septage hauler shall maintain a surety bond of not less than twenty-five thousand dollars for each category of registration. *Original bond(s) paperwork must be submitted to the Ohio Department of Health. A copy of the bond(s) paperwork shall be submitted with this application.*

BUSINESS INFORMATION

Owner: _____

Business Name: _____

Street Address: _____

City: _____ State:_____ Zip: _____

Phone: _____ Other Jurisdictions Registered:_____

CATEGORY OF REGISTRATION

(Mark all that apply)

☐ Septage Hauler

☐ Sewage Treatment System Installer

☐ Sewage Treatment System Service Provider

SIGNATURE

Signature: _____ Date: _____ / _____ / _____

Please submit this completed form, proof of testing requirements, copy of bonding paperwork, proof of general liability insurance, and proof of completion of six (6) continuing education hours (CEU's not required until 2016) either by mail or in person along with payment to Columbus Public Health, 240 Parsons Avenue, Columbus, OH 43215 (make checks payable to the Columbus City Treasurer)

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OFFICE USE ONLY

FEE PAID_____ **DATE**_____ **COMPANY ID**_____

RECEIPT #_____ **COMP DOCS & BOND SUBMITTED**_____ **REC BY**_____