

**2026 APPLICATION FOR A SERVICE PROVIDER
REGISTRATION PERRY COUNTY HEALTH DEPARTMENT**

**P. O. BOX 230
NEW LEXINGTON, OH 43764
Phone: 1-740-342-5179 Fax: 1-740-342-5540**

Business Name: _____ Date: _____

Operator's Name: _____ ID #: _____

Street Address: _____ Fee: \$55.00

City, State, Zip: _____

Phone: _____ Cell Phone: _____ Pager: _____ Fax: _____

E-Mail: _____

Bond Company: _____ Bond Expiration Date: / / _____

Types of Systems/Components Serviced: _____

I/We hereby apply for a permit to be a SERVICE PROVIDER in Perry County during the year of 2026. I agree to comply with all regulations of the Board of Health of the Perry County Health Department and 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.

Required for Approval: In accordance with (OAC) Ohio Administrative Code Chapter 3701-29-03

- *THE ANNUAL FEE FOR A SERVICE PROVIDER SHALL BE \$55.00.
- *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 provide proof/Certificate of passing the statewide Sewage Installation Exam. Certificates can be acquired at www.otco.org.
- *You must also provide your manufacturer certified certificate for NPDES systems.

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.

APPLICANT _____ DATE: _____

(SIGNATURE)

(Office Use Only)

YEAR 2026 Registration Approved: _____ Registration Denied: _____ Insurance

Test Date: / / _____ Score: _____ CEUs Attached Bond Attached

DATE _____ RECEIPT # _____ Received by: _____