



2017 HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS) CONTRACTOR REGISTRATION APPLICATION

Registration Type (PLEASE CHECK THE APPROPRIATE BOX(ES)):		
<input type="checkbox"/> HSTS Installer (\$139.00)	<input type="checkbox"/> HSTS Service Provider (\$139.00)	<input type="checkbox"/> HSTS Septage Hauler (\$100.00 Per Truck)

Complete the following information – Please print legibly

Owner / Applicant Information		
Name:		Date:
Street Address:		
City:	State:	Zip Code:
Daytime Phone:	Evening Phone:	Fax Number:
Email Address:		

Business Information		
Name of Business:		
Business address:		
City:	State:	ZIP Code:

Truck Information – Septage Haulers Only (see back of form for more than one truck)		
Make/Model:	Year:	Number Of Trucks:
License Plate No.:	Capacity:	
Disposal Location:		

The application must include the following: (Incomplete applications will not be processed)	
<input type="checkbox"/> Registration Fee (\$139.00 for Installers -- \$139.00 for Service Providers -- \$100.00 per truck for Septage Haulers)	
<input type="checkbox"/> Proof of passing the Testing Requirements	
<input type="checkbox"/> Proof of compliance with any system specific training, qualifications, or certifications required as a condition of a system's approval by the director.	
<input type="checkbox"/> Proof of completion of six (6) continuing education hours during the previous calendar year	
<input type="checkbox"/> Proof of Surety Bond (See cover letter for specific bond requirements) ** Be sure to send Surety Bond with ORIGINAL signatures and seal to the Ohio Department of Health. Copy is required for local county registrations.	
Bonding Company:	Expiration Date:
<input type="checkbox"/> Proof of General Liability Insurance of not less than \$500,000.00	
Insurance Company:	Expiration Date:
<input type="checkbox"/> Any outstanding forms, permits, plans, service records, or other documents for prior system work that have not been submitted to the Wood County Health District.	

<p>I, the undersigned, hereby make application for the Wood County Registration to perform the work of an Installer, Service Provider, and/or Septage Hauler as defined in the Ohio Administrative Code, Section 3701-29. I understand that this registration is not complete until the Wood County Health District has reviewed, approved, and processed the information (Submitting a registration application does not guarantee registration or immediate registration). Registration must be complete prior to conducting any work on a sewage treatment system in Wood County.</p>	
Signature of applicant	Date

*****OFFICE USE ONLY*****		
<input type="checkbox"/> Registration Approved		<input type="checkbox"/> Registration Denied
Date Received:	Receipt #:	Received By:

Additional Truck Information – Septage Haulers Only

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	