



**Registration Type** (PLEASE CHECK THE APPROPRIATE BOX(ES)):

STS Installer       STS Service Provider       STS Septage Hauler

**Complete the following information – Please print legibly – Make any necessary changes**

**Owner / Applicant Information**

Name:		Date:
Street Address:		
City:	State:	Zip Code:
Daytime Phone:	Alternate Phone:	Fax:
Email Address:		

**Business Information**

Name of Business:		
Business address:		<input type="checkbox"/> Same As Above
City:	State:	ZIP Code:

**Septage Haulers** (See Back of Form For Listing of All Trucks)

Disposal Location(s):	Number Of Trucks:
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**Service Providers** – Check all types of systems your company services – \*Some systems require certification from manufacturer or specialized training – Please see new Evaluation Form for evaluation of systems.

Aeration Units:     \*Jet     \*Norweco     \*Multiflo     \*Nayadic     \*Other:\_\_\_\_\_     Pre-2007 Units  
 Leaching Tile Fields     Sand Filter Beds     Mounds     Other:\_\_\_\_\_

**Application Must Include the Following:** (Incomplete applications will not be processed)

**Registration Fee**  
**Installers-\$200.00 / Service Providers-\$200.00 / Septage Haulers- \$100.00(First Vehicle) Add'l Hauler Vehicle(s) - \$100 each**

Proof of compliance with any system specific training, qualifications, or certifications required as a condition of a system's approval by the director.

Proof of completion of 6 continuing education hours during the 2022 calendar year for 2023 RENEWAL

Proof of Surety Bond (See Instructions to Bonding Company for specific bond requirements)

**Submit ORIGINAL with signatures & seal to the Ohio Department of Health**  
**Submit Copy to Wood County Health Department**

Bonding Company:	Expiration Date:
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Proof of General Liability Insurance of not less than \$500,000.00

Insurance Company:	Expiration Date:
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Any outstanding forms, permits, plans, service records, or other documents for prior system work that have not been submitted to the Wood County Health Department.

I, the undersigned, hereby make application for the Wood County Registration to perform work as 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 Department 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.**

Signature of applicant	Date
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\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Registration Approved       Registration Denied       ODH Bond List Verified

Date Received:	Receipt #:	Received By:
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<b>Additional Truck Information – Septage Haulers Only</b>		
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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:	

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