



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)

<input type="checkbox"/> Registration Fee Installers-\$200.00 / Service Providers-\$200.00 / Septage Haulers- \$100.00(First Vehicle) Add'l Hauler Vehicle(s) - \$100 each
<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 6 continuing education hours during the 2023 calendar year for 2024 RENEWAL
<input type="checkbox"/> 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: _____
<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 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*****

<input type="checkbox"/> Registration Approved	<input type="checkbox"/> Registration Denied	<input type="checkbox"/> ODH Bond List Verified
Date Received:	Receipt #:	Received By:

Additional Truck Information – Septage Haulers Only		
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Make/Model:	Year:	ID#:
License Plate No.:	Capacity:	

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License Plate No.:	Capacity:	

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License Plate No.:	Capacity:	

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