



**FOR OFFICE USE ONLY**  
**CONTRACTOR NEW REG. NO.** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Receipt #** \_\_\_\_\_

REGISTRATION APPLICATION FOR PLUMBING

I \_\_\_\_\_ hereby apply for registration as a Plumbing **CONTRACTOR**  
(Please print legibly) for Warren County Ohio.

**\* PLEASE NOTE: ONE CONTRACTOR PER COMPANY IS MANDATORY \***

BUSINESS NAME AND ADDRESS \_\_\_\_\_

➤ **Accounts Payable Email:** \_\_\_\_\_

PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ NUMBER OF YEARS EXPERIENCE \_\_\_\_\_

I agree to comply with the rules and regulations of the Warren County Health District Board of Health and Ohio Administrative Code Chapter 4101:3 governing the installation of plumbing. I have a copy of these rules and regulations and understand the provisions contained therein.

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Signature of Applicant)

INSTALLERS REGISTRATION / (CONTRACTORS EMPLOYEES): **(\$40.00 fee for each installer)**  
(please print legibly, 1 name per line)

DO NOT LIST CONTRACTOR HERE

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

**Due to the Warren County Health District's policy, we must insist upon safe and adequate access and that all jobs are clearly marked with address.**

**REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR**

**CONTRACTOR'S REGISTRATION FEE-\$75.00**  
**INSTALLER'S REGISTRATION FEE-\$40.00**

Please check that you have included the following:  
 This completed registration form  
 \$75.00 fee + \$40.00 fee for each installer  
 WC bond form (*signed & stamped*)