

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF
WAYNE COUNTY HEALTH DEPARTMENT**

**428 W Liberty St
WOOSTER, OH 44691
1-330-264-2426**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: _____

Bond Company: _____ Bond Expires: / / _____

Email: _____ License _____

VALID REGISTRATION RENEWAL MUST BE SECURED PRIOR TO January 1

**REGISTRATION FEE OF \$100.00, PROOF STATE PLUMBING LICENSE AND
\$10,000 SURETY BOND MUST BE SUBMITTED WITH THIS APPLICATION**

Registration will be issued upon completion & receipt of above items.

APPLICANT _____
(Please print legibly)

APPLICANT _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER _____ YEAR _____

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____