INSTRUCTIONS

The Delaware General Health District is now accepting 2020 Registration applications. The instructions below outline the items needed to complete the registration process. Once all documents are completed, you may bring the items to our office or return via mail per the address listed at the top of this application.

1. Complete application form. Applicant's signature and date are required.

2. Surety Bond for a minimum of $5,000.00. Bond must contain an original seal. Facsimile or photocopies will not be accepted.

3. Certificate of Insurance (proof of liability insurance) for a minimum of $250,000.00. Form must list Delaware General Health District as the certificate holder and renewals must be on file before inspection services are received.


5. $150.00 Registration fee. Check payments should be made payable to Delaware General Health District.

COMPANY INFORMATION

PLEASE PRINT

NAME OF COMPANY
STATE OF OHIO PLUMBING LICENSE#  OWNER/CONTACT

MAILING ADDRESS

CITY  STATE  ZIP

BUSINESS PHONE  CELL PHONE  FAX #

APPLICANT'S SIGNATURE  DATE  E-MAIL ADDRESS

☐ MEDICAL GAS CERTIFIED (ASSE) 6010  ☐ BACKFLOW CERTIFIER

FOR OFFICE USE ONLY

Registration #:  Date Received:
Receipt #:  Date of Receipt: