



**APPLICATION FOR REGISTRATION TO BE  
AN APPLIANCE INSTALLER WITHIN THE  
DARKE COUNTY GENERAL HEALTH DISTRICT  
300 GARST AVENUE, GREENVILLE, OH 45331  
937-548-4196 EXT 209**

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Years of experience: \_\_\_\_\_

Bond Company: \_\_\_\_\_

E-mail: \_\_\_\_\_

REGISTRATION EXPIRES DECEMBER 31st OF EACH YEAR

APPLICATION FEE \$175.00

This registration is for the installation of appliances in the plumbing system. It does not give authorization for the installation of the other components of the plumbing system. The applicant understands that they still must secure the necessary permits prior to installing appliances, and a plumbing permit is required for water heater installation and replacement.

Applicant agrees to comply with all rules and regulations governing the installation of plumbing systems and plumbing system appliances, as adopted by the Darke County General Health District, and further attests that he is qualified for the registration requested.

Registrant agrees to maintain and submit to the board of health such complete and accurate records and information that may be required for determining compliance with the rules.

Registrant agrees to maintain a \$20,000 BOND. If the surety bond is canceled, the registrant shall immediately submit proof of new registration bond in accordance with the requirements of the Darke County General Health District.

Registrant understands that the board of health may revoke or suspend a registration when the registrant fails to timely correct violations in compliance with the rules.

APPLICANT: \_\_\_\_\_  
(Please print legibly)

APPLICANT: \_\_\_\_\_  
(Signature)

REGISTRATION APPROVED: \_\_\_\_\_

REGISTRATION NUMBER: \_\_\_\_\_ YEAR: \_\_\_\_\_

RECEIPT MAILED TO APPLICANT BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*Darke County General Health District*

*E. L. Holman, DVM, R.S., Health Commissioner*



*Contributing to a Stronger  
Healthier Community*

Bond Number \_\_\_\_\_

BOND FOR  
PLUMBING CONTRACTORS/APPLIANCE INSTALLERS AND PLUMBING EMPLOYEES

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Note: Contractors, business firms, and self-employed installers must post surety bonds!  
Employees of said contractors or firms do not have to be bonded.

KNOW ALL MEN BY THESE PRESENCE:

That we,

Of \_\_\_\_\_, as principal and the \_\_\_\_\_

\_\_\_\_\_ as surety are held and firmly bound unto the Darke County Department of Health of Darke County, Ohio, for a term of twelve months ending December 31, 2\_\_\_\_, in the sum of twenty thousand (\$20,000.00) dollars, lawful money of the United States for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators and assigns firmly by these presence.

Now, the condition of this obligation is such that.

Whereas: the said principal has applied for and has been granted permits to make installations of plumbing systems in Darke County, Ohio.

Now if the said principal shall conform to and abide by the law of the State of Ohio and all the rules and regulations of the Darke County Health Department, Darke County, Ohio now in effect and which may hereafter be enacted or adopted, and if said principal shall indemnify and save the Darke County Health Department harmless and free from any loss, damages, or claims for damages asserted against it by reason of said principal's failure to comply with any of said rules and regulations, then this obligation shall be void, otherwise to be and remain in full force and effect.

In witness whereof, the said principal and surety have hereunto subscribed their names this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Principal  
\_\_\_\_\_  
Surety