

**APPLICATION FOR REGISTRATION TO BE
AN APPLIANCE INSTALLER WITHIN THE
DARKE COUNTY GENERAL HEALTH DISTRICT
300 GARST AVE
GREENVILLE, OH 45331
1-937-548-4196**

Business Name
or Plumbing Installer _____

Contractor's or
Installer's Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell phone: _____ Pager: _____ Years of Experience: 0

Bond Company: _____ Bond Expires: / /

Email: _____

REGISTRATION EXPIRES DECEMBER 31ST OF EACH YEAR APPLICATION FEE: \$175.00
NON-TRANSFERABLE, NON-REFUNDABLE

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 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 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 _____ DATE _____
(SIGNATURE)

(Office Use Only)

REGISTRATION APPROVED _____

REGISTRATION NUMBER 0 YEAR 2025

RECEIPT MAILED TO APPLICANT: BY: _____ DATE _____