

**APPLICATION FOR REGISTRATION TO ENGAGE IN THE PLUMBING  
BUSINESS AND INSTALL PLUMBING WITHIN THE JURISDICTION OF  
DARKE COUNTY GENERAL HEALTH DISTRICT**

**300 Garst Avenue  
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: \_\_\_\_\_

Bond Company: \_\_\_\_\_ Bond Expires: / /

Email: \_\_\_\_\_ License \_\_\_\_\_

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

**APPLICATION FEE: \$175.00**

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

Non-Refundable, Non-transferable

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

APPLICANT \_\_\_\_\_ DATE. \_\_\_\_\_  
(SIGNATURE)

(Office Use Only)

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

REGISTRATION NUMBER \_\_\_\_\_ YEAR 2026 \_\_\_\_\_

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

## **PLUMBING REGISTRATION CHECK LIST TO INCLUDE WITH YOUR REGISTRATION:**

- Completed, signed, dated application.
- List of Journeyman and Apprentices that you have, use the enclosed form.
- Fee of \$175 (includes the applicant) Plus \$40 for each Journeyman & \$15 for each Apprentice.
- \$20,000 Plumbing contractor bond. You must provide the original bond to us. (a bond form is enclosed for your insurance agent to use and attach a power of attorney page to.) We will only accept a continuation certificate for the bond if we already have the original bond on file. If this is your first registration with us, or if you changed insurance companies, then you must provide the original bond.
- Make sure you sign your bond!! (On the line that says Principal)
- If you are a state licensed plumber, enclose a copy of your Ohio state plumbing license.

**Failure to provide all of the above items, may result in your application being rejected and returned.**



# Darke County General Health District

Jordan Francis, MPH, 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

300 Garst Avenue, Greenville, OH 45331

Telephone: 937-548-4196

Environmental Fax: 937-548-9654

Nursing Fax: 937-548-9128

Website: [www.darkecountyhealth.org](http://www.darkecountyhealth.org)  
Email: [darkecoh@darkecountyhealth.org](mailto:darkecoh@darkecountyhealth.org)



**BUSINESS NAME:**

**PHONE:**

**Journeyman Names:**

**Street Address:**

**City, State, Zip:**

**Phone:**

**Apprentice Names:**

**Street Address:**

**City, State, Zip:**

**Phone:**

**Registration for 2026**

**Plumbing Contractor**

**Total number of Journeyman:**       

**Total number of Apprentice:**       

**Fee:**

\$175.00

\$40.00

\$15.00

**Fee:**

\$175.00

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**Fee:**

\$175.00

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**Total Fee:**