

# CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)



529 E. Home Road  
Springfield, Ohio 45503  
www.ccchd.com  
(937) 390-5600, Ext. 251 Fax (937) 390-5625 e-mail: rcahill@ccchd.com  
or visit us at www.ccchd.com

## Master Plumber Registration 2023 (Including the City of Springfield & New Carlisle)

To register to work in **Clark County (Including the City of Springfield & New Carlisle)** for the year **2023**, you must pay a fee and provide the following information:

Date of Application: \_\_\_\_\_

Registration Fee: **\$200.00**

Name		CCCHD Registration No.	
Business Name/DBA			
Business Address	City	State	Zip
Business Phone No.	Business Fax No.		
Cell Phone No.	e-mail:		

Please mark the information that applies to you and *include* a copy for your file:

- I have my State Plumbing License - State ID # \_\_\_\_\_  
*Please Note: You must have your state license to receive this registration.*
- I have a current bond in the amount of \$10,000.00.
- I have a current certificate of liability insurance. (\$10,000/300,000 min liability)
- I have a current Certificate of Worker's Compensation.

Please send information to my home address listed below. (if not checked, info will go to business)

Home Address	City	State	Zip
Home Phone No.			

**By signing this application, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE NOTE: YOUR CURRENT REGISTRATION WILL EXPIRE ON DECEMBER 31