CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)



529 E. Home Road Springfield, Ohio 45503 www.ccchd.com

(937) 717-2451, Ext. 251 Fax (937) 390-5625 E-Mail: rcahill@ccchd.com or visit us at www.ccchd.com

Apprentice Plumber 2024

To register to work in Clark County for the year **2024**, you must pay a fee and fill out the information below

information below.					
Date of Application:	Registra	tion Fee:	\$25.00)	
lame			CCCHD Registration No.		
Business Name/DBA					
Business Address	City			State	Zip
Business Phone No.	Business Fax No.				•
Cell Phone No.	e-mail:				
	•				
Please send information to my hom	e address listed below.				
Home Address	City			State	Zip
Home Phone No.					
By signing this application, you agree by the regulations set forth by the Clar				egulat	ions and
Signature		Date			_

Please note: Your current registration will expire on December 31