

CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)



529 E. Home Road
Springfield, Ohio 45503
(937) 717-2451, Ext. 251 Fax (937) 390-5625 e-mail: rcahill@ccchd.com
or visit us at www.ccchd.com

Inactive Master Plumber Registration 2024

To register to hold your master registration inactive for the year **2024**, you must pay a fee and fill out the information below:

Date of Application: _____

Registration Fee: \$65.00

| | |
|------|------------------------|
| Name | CCCHD Registration No. |
|------|------------------------|

| | | | |
|--------------|------|-------|-----|
| Home Address | City | State | Zip |
|--------------|------|-------|-----|

| |
|----------------|
| Home Phone 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:

- I am currently not working but have my State License - State ID # _____
(Please include a copy of St. License for your file.)
- I currently have my State License but am working as a journeyman for another master plumber.
(If you mark this box, make sure to fill out information above and include a copy of your St. License for your file.)

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