CLARK COUNTY COMBINED HEALTH DISTRICT (CCCHD)

Clark County
Combined
Health District
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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

> Journeyman Plumber Registration 2024 (Including the City of Springfield & New Carlisle)

To work in Clark County (Including the City of Springfield & New Carlisle) for the year **2024**, you must pay a fee and fill out the information below.

Date of Application: _____

Registration Fee: \$50.00

ame		CCCHD Reg	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 one that applies:

I currently do not work for a master plumber but would like to keep my registration current.

I have tested in another municipality. (A copy of license is enclosed)

I tested and passed the City of Springfield journeyman test.

Please send information to my home addre	ess listed below. (If not	(If not checked, information will be sent 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