

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

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

To register to work in **Clark County (Including the City of Springfield & New Carlisle)** for the year **2024**, 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