

**2021 Shelby City Health Department**  
**APPLICATION FOR REGISTRATION AS A STS SERVICE PROVIDER**  
 (A registration shall not be transferable and shall expire at the end of the calendar year)

COMPANY INFORMATION			
Company Name		Phone Number	
Address			
City	State	Zip Code	
Owner		Operator (if Different)	

SYSTEMS TRIANED AND CERTIFIED TO SERVICE	
Type of System:	Training From:
Type of System:	Training From:
Type of System:	Training From:

ACCEPTANCE OF CONDITIONS
<p>I hereby apply for registration with the Shelby City Health Department to engage in the business of servicing sewage treatment systems within the City of Shelby, Ohio and understand that registration is not transferable and shall expire at the end of the calendar year.</p> <p>I agree to comply with the State Sewage Treatment System Rules and Law (OAC 3701-29 and ORC 3718), comply with ODH system restrictions, comply with all provisions included in a permit issued by the Shelby City Health Department, comply with Shelby City Board of Health orders, comply with any conditions placed on my registration, and maintain submit complete and accurate records as may be required for determining compliance with all applicable rules (such as O&amp;M records and sampling results).</p> <p>I understand that I am responsible for the actions of all employees and will be reasonably available if and when needed.</p> <p>I hereby certify that I am the owner, partner, or full time employee who is the company's authorized representative.</p> <p>Signature _____ Date _____</p> <p>Print Name _____ Position in the Company _____</p>

*An annual registration fee determined by the registrar in accordance with 3701-36-14 of the Ohio Administrative Code may be levied upon each Sewage Treatment System Service Provider for the operation costs associated with enforcement of the program rules. Any such fee or portion of any such fee retained by the registrar shall be paid into a special fund and used only for the purpose of administering and enforcing the program under the Ohio Revised and Administrative Codes.*

HEALTH DEPARTMENT TO COMPLETE BELOW			
Total Fee: \$55	Date Received:	Amount Received:	Receipt No.:

Approved By:	Date Approved:	Registration No.:
--------------	----------------	-------------------

Include with this application:

- Registration fee.\*\*\*
- Proof of compliance with testing requirements related to sewage treatment system installation established by the Ohio Department of Health.
- Proof of compliance with specific training, qualification, or certification required as a condition of a system's approval by the Director of the Ohio Department of Health or other certifications listed in OAV 3701-29-03(C)(3).
- Proof of no less than \$500,000 general liability insurance.\*\*\*
- Proof of completion of at least 6 hours continuing education hours during the previous calendar year through educational programs approved by the Ohio Department of Health or demonstration of competency obtained through status as an Ohio waste hauler association qualified service provider, or proof of certification in the association of wastewater transporters O&M or inspector programs.\*\*\*
- Proof of surety bond or other financial assurance options approved by the Director of the Ohio Department of Health which provides statewide coverage for all work performed on STS in any local health district in the state of Ohio, on a form provided by the director of health.\*\*\*

\*\*\*Homeowners are exempt from these requirements if they perform the duties of an installer on only the registrant's personal resident. Continuing education applicable to the product as specified by the manufacturer is required.