

Commercial & Residential Plumber Registration

Anyone doing plumbing work in Miami County is required to register with Miami County Public Health

One form P001 for each person doing plumbing work.

Plumbing Contractors:

- *Complete form return with \$200.00
- *Commercial Plumbing Contractor must have a State Plumbing License.
- *Commercial Plumbing Contractor may work as Residential Plumbing Contractor.
- * Residential Plumbing Contractor without a State Plumbing License may register with Proof of Liability Insurance and be *limited to residential plumbing only*.

Irrigation System Installers:

*Complete form return with \$200.00. Proof of Liability Insurance is required.

Backflow Companies:

- *Complete form return with \$200.00. State Backflow Certification <u>AND</u> State Contractor License is required ~OR~ State Backflow Certification <u>AND</u> Proof of Liability Insurance.
- *Each Backflow Technician is required to be registered as a Journeyman and have a Plumbing Contractor or Backflow Company registered.

Journeyman:

*Complete form and return with \$40.00

Apprentice:

*Complete form and return with \$20.00

NOTICE: NO PERMITS WILL BE ISSUED WHEN CANCELATION NOTICE OF INSURANCE IS RECEIVED



Miami County Public Health 510 W Water St, Suite 130, Troy, Ohio 45373 Ph: 937-573-3504 Fax: 937-573-3502

www.miamicountyhealth.net

MIAMI COUNTY PLUMBING REGISTRATION APPLICATION

Please Print Plumber Name		Miami Co
Plumber Address		
City, State & Zip		
Company Name		Miami Co
Company Address		Registration #
City, State & Zip		
Plumbing Contractor #	Phone #	Fax #
Backflow Tester #	E-mail Address	
ONE FORM FOR EACH	APPLICANT – Photocopy	if needed
**Need copy of cu IRRIGATION S **Need copy of cu NOTE: Backflow I Backflow Company JOURNEYMAN	Technicians <u>must</u> be registered as Joi v registered, as well as state certificati N \$40.00 Journeyman &	.00 urneyman and have a Plumbing Contractor or
	registration requested. I agree to abide by al	operation, as adopted by the Miami County Health District and Il Regulations of the Miami County Health District pertaining to
Applicant Signature	eant Signature Date	
* * * * * * * * * * * * * * * * * * * *	******	********
Miami County Approval	Registration No	Date Issued
To charge your registration fees, ple	ease complete the following:	
Name on Card	Add	dress
Card #		Expiration Date of Card
Zin Code 3 Di	git Code from back of card	*CARD INFO NOT KEPT ON FILE