

Commercial & Residential Plumber Registration

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

Fill out one P001 form for each person doing plumbing work.

Plumbing Contractors:

- *Complete form and 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*.

Backflow Companies:

- *Complete form and 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

Registration in Miami County now covers plumbing work within the City of Piqua

www.miamicountyhealth.net

MIAMI COUNTY PLUMBING REGISTRATION APPLICATION

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 i	f needed
**Need copy of cu (Plumbing Contra a Backflow Com BACKFLOW C **Need copy of cu IRRIGATION S **Need copy of cu NOTE: Backflow Backflow Compan JOURNEYMAL APPRENTICE	pany) COMPANY - \$200.00 FORTHARY - \$200.00 FORTHARY - \$200.00 FORTHARY - \$200 FORTHARY	w certification service, no need to register as & Copy of State BF Certification neyman and have a Plumbing Contractor or n. apprentice MUST be registered. m any work within the county.
	registration requested. I agree to abide by all I	eration, as adopted by the Miami County Health District and Regulations of the Miami County Health District pertaining to
Applicant Signature		Date
* * * * * * * * * * * * * * * * * * * *	********	***********
Miami County Approval	Registration No	Date Issued
To charge your registration fees, pl	ease complete the following:	
Name on Card	Addr	ess
Card #		Expiration Date of Card
Zip Code 3 D	igit Code from back of card	*CARD INFO NOT KEPT ON FILE