



**Ohio Department of Health  
Sewage Treatment Systems Program  
2019 Contractor Contact Information  
for Installers, Septage Haulers and Service Providers**

**Please complete the following information and submit with the Bond Form.**

**Company Name**

**Company Street Address**

**City**

**State**

**Zip Code**

**Company Mailing Address (if different from Above)**

**City**

**State**

**Zip Code**

**Company Owner**

**Company Representative (if different from Owner)**

**Company Phone Number**

**Additional Contact Phone Number**

**Company Fax Number**

**Company E-mail**

**Please check all registration categories that apply to your company's business for 2019:**

- Installer    Service Provider    Septage Hauler

**Please list the county where the company is located**

Are you registering to work in this county in 2019?

- Yes    No

**If Bonded for only a Single System in 2018, list the County where work will be performed: \_\_\_\_\_**

**Please list (below) all of the County or City Health Districts that you registered with in 2019:**

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Bond Number

### State of Ohio

### 2019 Registration Bond

Registration Number  
(for Health District use only)

Owned by:

### Sewage Treatment Systems Service Provider

(Check One)

LEGAL COMPANY NAME: \_\_\_\_\_

individual

MAILING ADDRESS: \_\_\_\_\_

partnership

MAILING ADDRESS 2: \_\_\_\_\_

corporation

CITY, STATE, ZIP: \_\_\_\_\_

As Principal, and Surety Company \_\_\_\_\_

is/are authorized to do business in the State of Ohio, as Surety. The Principal and Surety are bound to an aggrieved party in the sum of

**twenty-five thousand (\$25,000)**       **fifteen thousand (\$15,000) – also bonded as installer**

the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successor, and assigns, jointly and severally.

Bond Effective Date: \_\_\_\_\_

The above Principal has applied to a health district in Ohio as established under Ohio Revised Code (ORC) Chapter 3709, for a registration to engage in and practice the business of a sewage treatment system service provider in the State of Ohio as provided in sections 3718.02 (A)(8) of the ORC and Ohio Administrative Code (OAC) 3701-29-03, such registration **expires on the 31<sup>st</sup> day of December, 2019.**

If the above Principal shall comply with all laws and rules relating to the servicing or maintenance of sewage treatment systems and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal. This obligation shall remain in full force and effect until **December 31, 2019 and will be null and void after that date.**

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC rule 3701-29-03 (C)(6)(d). The Principal shall then notify all local health districts in Ohio where the Principal holds a current and valid registration of the cancellation of the bond and shall immediately submit proof of a new registration bond. Any such cancellation shall release the Surety from liability for any subsequent acts of the Principal; provided, however, the Surety shall remain liable for any and all acts of Principal covered by this bond up to the date of cancellation.
2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this bond, regardless of the number of claims that may be filed hereunder. The sum of the bond shall be available for payment of violations for the 2019 registration year.
3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-29, as provided by OAC 3701-29-03 (C).

Legal Company Name

Signature of Company Owner or Representative  
(required)

Surety Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Surety Company Phone: \_\_\_\_\_

Attorney-in-Fact or Insurance Agent Signature (required)

Instructions for preparation:

1. Impress/affix Seal of Surety Company
2. Attach corresponding Power-of-Attorney form for Attorney-in-fact
3. Make sure Principal (contractor company representative) signs in appropriate location.

(Place Bonding Corporation Seal Above)