



Morgan County Health Department
4275 N St Rt 376 NW
McConnelsville, OH 43756
Phone: 740-962-4572
Fax: 740-962-3271

**APPLICATION FOR PLUMBING REGISTRATION
WITHIN MORGAN COUNTY**

Business Name: _____ Phone: _____

Installer's Name: _____ Phone: _____

Street Address: _____

City, State, Zip: _____

Installer Mailing
Address City, State, Zip: _____

Email: _____

If registering in more than one CLASSIFICATION the fee will NOT exceed \$100.00

I am registering as:

A ___ Master \$100.00 (Must provide a Copy of current STATE LICENSE)

B ___ Backflow Installer/ Tester \$100.00 (Must provide copy of State Certification for backflow and copy of individual certification from State of Ohio Fire Marshall if you are certified in fire)

Backflow # _____ Individual Fire # _____

**IF NOT RECEIVED BY DECEMBER 31ST A LATE FEE OF \$15.00 WILL APPLY
THIS DOES NOT INCLUDE FIRST TIME REGISTRATION.**

Applicant (Please Print) _____

Applicant Signature: _____ Date: _____

REGISTRATION APPROVED BY: _____

RECEIPT # _____ DATE: _____ YEAR: _____