



CUYAHOGA COUNTY BOARD OF HEALTH

Your Trusted Source For Public Health Information

SEWAGE TREATMENT SYSTEM CONTRACTOR REGISTRATION 2025 APPLICATION

All persons performing duties as a sewage treatment system installer, service provider, or septage hauler shall be registered with each Local Health District where they will be working (OAC 3701-29-03).

Registrations expire December 31 of each year

Business Name _____

Business Phone _____

Business Address _____

Fax Number _____

City _____

Zip Code _____

Owner/Representative _____

Home Phone _____

E-mail Address _____

Cell Phone _____

Number of Employees _____

Please select the registration(s) for which you are applying:

- Hauler Registration \$160
- Hauler Vehicle Permit \$50 for each vehicle
Please complete additional information on the back of this form for each truck
- Installer Registration \$160
- Service Provider Registration \$160
- Please check this box if you are registering as a service provider **only** to conduct STS evaluations.

Number of Registrations: _____ X \$160.00 \$ _____

Number of Vehicle Permits: _____ X \$50.00 \$ _____

Total Amount Submitted: \$ _____ (Make checks payable to the Cuyahoga County Board of Health)

Registrant Signature: _____

Date: _____

Please note that additional requirements are needed to process your application. See the list below and ensure that these documents are included with your signed application and fees. Incomplete applications or applications without the required supporting documentation will not be processed and returned to you.

- Certificate of passing the required Ohio Department of Health Examination
- Proof of General Liability Insurance (minimum of \$500,000)
- Proof of Statewide Surety Bond
- Proof of qualifications to service proprietary systems and components
- **A letter on company letterhead stating which systems you will be registering to service, including registering to conduct point of sale inspections**
- Proof of completion of a minimum of 6 CEU hours approved by ODH in 2024
- A copy of the Septage Hauler Truck Inspection Report for each vehicle to be registered

Please note that service providers will need an inspection to register for 2025

-----**Office Use Only**-----

Log-in number _____

Amount paid _____

Registration number _____

Date issued _____