

2026 APPLICATION FOR SEWAGE TREATMENT SYSTEM CONTRACTOR REGISTRATION

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 on December 31st 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 which registration(s) you are applying for:

- ☐ Hauler Registration \$160.00
- ☐ Hauler Vehicle Permit \$50.00 for each vehicle
 - Please complete additional information on the back of this form for each truck
- ☐ Installer Registration \$160.00
- ☐ Service Provider Registration \$160.00
 - ☐ 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 (not less than \$500,000.00)
- 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 2025
- A copy of the Septage Hauler Truck Inspection Report for each vehicle to be registered

You must contact our office to schedule a Service Provider Inspection during the 2026 calendar year

-----Office Use Only-----
Log-in number _____ Amount paid _____ Registration number _____ Date issued _____



CUYAHOGA COUNTY BOARD OF HEALTH

Your Trusted Source For Public Health Information

MAKE OF VEHICLE _____ YEAR _____

STATE LICENSE NO. _____ YEAR _____

VEHICLE MARKINGS _____ COLOR _____

TYPE OF TANK _____ SIZE _____

TYPE OF PUMP _____ SIZE _____

NUMBER OF FEET OF HOSE _____ TYPE & SIZE _____

LIST THE RECEIVING FACILITIES YOU WILL BE USING:

MAKE OF VEHICLE _____ YEAR _____

STATE LICENSE NO. _____ YEAR _____

VEHICLE MARKINGS _____ COLOR _____

TYPE OF TANK _____ SIZE _____

TYPE OF PUMP _____ SIZE _____

NUMBER OF FEET OF HOSE _____ TYPE & SIZE _____

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