



## Department of Health

Mike DeWine, Governor  
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

DATE: October 2019

TO: Private Water Systems Contractors

FROM: Rachel L. Townsend, RS. Administrator, Residential Water and Sewage Program  
Bureau of Environmental Health and Radiation Protection

SUBJECT: 2020 Registration for Private Water Systems Contractors

Enclosed please find **Registration Guides** for different business organization types, the **2020 Registration Application** and the **2020 Registration Bond** forms. If you or your company were registered in 2019 as a private water systems contractor, please be advised that in order to continue your registration, the enclosed 2020 forms must be completed and returned, along with the other required documents and registration fee as explained in each registration guide.

Registration guides for the different business types are provided with this 2020 Registration Packet.

1. **Individual** – sole proprietors registering as themselves (person's given name);
2. **Individuals with a DBA (doing business as)** – sole proprietors registering as a business name;
3. **Corporations** – registering as the Corporation name (no fictitious or trade name);
4. **Corporations registering as a Fictitious or Trade Name** – Corporations doing Business as a different business name;
5. **Out of State Corporations** – Businesses not located within the State of Ohio registering as an Ohio private water systems contractor.

If a complete 2020 registration application and required documents are not received by December 31, 2019, registrations issued in 2019 will automatically expire in accordance with Ohio Administrative Code 3701-28-18 (C)(3).

If your registration **EXPIRES** or you are a **NEW REGISTRANT**, you or your company **MAY NOT LEGALLY DO BUSINESS** as a private water systems contractor until such a time as a 2020 registration is issued.

If the Company Owner is a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran your registration application is eligible for priority expedited processing. Acceptable proof of service member or veteran status must be included with the complete application.

**Applications with missing or conflicting information will not be processed for registration until complete and accurate information is submitted.** No work shall be performed as of January 1, 2020, if your company has not been approved for registration, regardless of when the application was submitted. If your application is determined to be incomplete, notification will be sent to the email address provided on the application; if no email address is provided, notification will be mailed to the address on the application.

Should you have any questions about registration, please contact the Residential Water and Sewage Program at (614) 644-7558 or at BEH@odh.ohio.gov.

# **INDIVIDUAL** (using only your name for registration) **Private Water Systems Registration**

## **WHAT IS NEEDED FOR REGISTRATION?**

A copy of your **STATE-ISSUED IDENTIFICATION CARD** (for example: your Driver's License).

1. A completed **APPLICATION**
  - a. The Contractor Name must match the name on the State-issued Identification Card exactly.
2. A complete **REGISTRATION BOND** with the Contractor Name matching the name on the State-issued Identification Card exactly.
  - a. Send the original registration bond with the Contractor Owner's Signature or Representative, Attorney-in-Fact or Insurance Agent's signature, and the Surety Company's Corporate Seal.
3. A complete **CERTIFICATE OF LIABILITY INSURANCE** with the insured name matching the name on the State-issued Identification Card.
  - a. The Certificate of Liability Insurance must show that the insured has a minimum of \$500,000 general liability coverage.
4. **REGISTRATION FEE** of \$250.

IF you performed work after December 31 without being registration, then the registration fee is \$500.

## **EXAMPLE:**

### **State-issued Identification Card**

John Doe is registering under his own name, John R. Doe, as shown on the State-issued Identification Card.



### **Application**

John must complete the application. First, fill out the top portion of the application with the name you are registering as.

**COMPLETE THIS DOCUMENT BASED ON THE INSTRUCTIONS PROVIDED FOR THE TYPE OF REGISTRATION YOU ARE APPLYING FOR.** This application must be accompanied by all required documents as listed on the next page.

Contractor Name (name you are registering as)

John R. Doe

Contractor Address

123 Any

PO Box

City

Columbus

State

OH

Zip

43215

County

Franklin

Phone

(555) 000-0000

Fax

(555) 000-0001

Contact Person

John R. Doe

E-mail

johnrdoe@anyemail.com

**An application with inaccurate or incomplete information will not be accepted until corrections are made.**

Second, check the boxes of all the type of work you perform as a Private Water Systems Contractor.

**Registrant Categories of Work** (please check all that apply to your business, must check at least one)

**Systems on which you work:**

☒ Wells ☒ Ponds ☒ Springs ☒ Cisterns ☒ Hauled Water Storage Tanks ☐ EPA Public Water Systems

**Type of Well Drilling method, if you drill wells:**

☐ Cable Tool ☐ Rotary ☐ Bucket Auger ☐ Point Well ☐ Other: \_\_\_\_\_


**Type of work you do:**

☒ Construction ☒ Sealing/ Abandonment ☒ Rehabilitation/Disinfection systems ☒ Pump/Distribution systems  
☒ Water Treatment/Continuous Disinfection systems

**Inspection Services**

☐ Downhole Camera Evaluations ☐ Private water systems inspections

Finally, read the Terms and Conditions of Registration, then sign and date the bottom of the application. Also, print your name under the signature.

I hereby certify that I have read the terms and conditions and the information provided is true and accurate.	
Signature of Owner or Representative (required):	Date:
	11/1/2019
Printed Name of Owner or Representative (required)	
John R. Doe	

## Registration Bond

John Doe must work with a Surety Company or Insurance Agent to get a **Registration Bond**. The Contractor Name must match the name on the State-issued Identification Card.

The Registration Bond must be for the amount of

1. \$20,000 for each New contractor's registration year for the first three years of registration. Contractors who have had their registration suspended or have allowed their registration to lapse for greater than twelve months are also required to submit a \$20,000 bond for three years
2. \$10,000 for each Renewing contractor registration year after the initial three consecutive years of registration. The registration may not lapse for a period greater than twelve (12) months, otherwise, the registrant is considered a new registrant and must obtain a bond as required in paragraph 1.

009999

Registration Number

State of Ohio

### 2020 Registration Bond for Private Water Systems Contractors

????-???-???

Bond Number

**Owned By**

(Check one)

- ☒ Individual  
☐ Partnership  
☐ Corporation

CONTRACTOR NAME: JOHN R. DOE

MAILING ADDRESS: 123 ANY

MAILING ADDRESS 2:

CITY, STATE, ZIP: COLUMBUS, OH 43215

As Principal, and Surety Company ANY 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

☐ ten thousand dollars (\$10,000) ☒ twenty thousand dollars (\$20,000)

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

Bond Effective Date: JANUARY 1, 2020

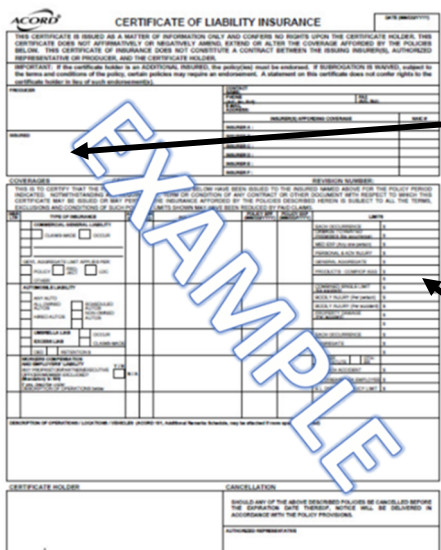
The bond must be signed by John Doe since he is the company owner and the Attorney-in-Fact or Insurance Agent. Both names must also be printed beside the signature. The Surety Company Corporate Seal must be placed in the box provided below the signature boxes.

<b>JOHN R. DOE</b>	
Contractor Name (required – print name)	
John R. Doe	<i>John R. Doe</i>
Owner/Representative Name (required - print name)	Signature of Owner/Representative (required)
Surety Company Name: ANY SURETY COMPANY	
Address: 987 ANY STREET, SUITE ABC	
City, State, Zip: COLUMBUS, OH 43215	
Surety Company Phone: 555-999-9999	
<b>Attorney N. Fact</b>	
Attorney-in Fact or Insurance Agent Name (required - print name)	
<i>Attorney N. Fact</i>	
Attorney-in-Fact or Insurance Agent Signature (required)	
<p><b>Instructions for preparation:</b></p> <ol style="list-style-type: none"> <li>1. Impress/affix Seal of Surety Company</li> <li>2. Attach corresponding Power-of-Attorney form for Attorney-in-fact</li> <li>3. Make sure Principal (contractor company representative) signs in appropriate location.</li> </ol>	
 <p>(Place Bonding Corporation Seal Above)</p>	

Only the **REGISTRATION BOND** with the original signatures and seal will be accepted. All **REGISTRATION BONDS** must be accompanied by the **POWER OF ATTORNEY**.

### Cerification of Liability Insurance

John Doe must work with the Insurance Agent to obtain a copy of a **Certificate of Liability Insurance** showing that he has the required general liability coverage (minimum \$500,000). The name in the insured box should only be the Contractor name being registered and must match the name on the State-issued Identification Card.



**INSURED**

**John R. Doe**  
**123 Any**  
**Columbus, OH 43215**

LIMITS	
EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
MED EXP (Any one person)	\$
PERSONAL & ADV INJURY	\$
GENERAL AGGREGATE	\$ 500,000
PRODUCTS - COMP/OP AGG	\$
	\$
COMBINED SINGLE LIMIT (Ea accident)	\$

**If you have any questions about the Registration?**

Contact the Private Water Systems Program Staff at the Ohio Department of Health at (614) 644-7558.

**Sending the Registration Packet to the Ohio Department of Health**

1. Make sure that ALL of your forms are complete and have all required signatures.
2. Make copies for your own records.
3. Send all of the required forms and documents with the **Registration Fee** to the following address.

**Ohio Department of Health  
BEHRP/Private Water Systems Program  
P.O. Box 15278  
Columbus, OH 43215-0278**

# **INDIVIDUAL with DBA (doing business as)** *(Sole Proprietor using another name as their business)* **Private Water Systems Registration**

## **What is needed for registration?**

1. A copy of the current **OHIO SECRETARY OF STATE CERTIFICATE** showing the name of business filed with the Ohio Secretary of State as a FICTITIOUS OR TRADE NAME. This can be obtained by going to the Ohio Secretary of State's website at <https://businesssearch.ohiosos.gov/>.
2. A completed **APPLICATION**
  - a. The Contractor Name must match the name of the Fictitious or Trade Name filed by the Corporation with the Ohio Secretary of State and must be present on the Secretary of State Certificate.
3. A complete **REGISTRATION BOND** with the Contractor Name matching the business name on the Ohio Secretary of State Certificate exactly.
  - a. Submit the copy with the original Company Owner's Signature, Attorney-in-Fact or Insurance Agent's signature, and the Surety Company's Corporate Seal.
4. A complete **CERTIFICATE OF LIABILITY INSURANCE** with the insured Contractor name matching the business name on the Ohio Secretary of State Certificate exactly.
  - a. The Certificate of Liability Insurance must show that the insured has a minimum of \$500,000 general liability coverage.
5. **Registration Fee**
  - a. A \$250.00 registration fee payable by check or money order written to Treasurer, State of Ohio;  
**OR**
  - b. A \$500.00 registration fee payable for registration applications submitted after starting work on a private water system in 2020 prior to being registered.

## **Example:**

### **Ohio Secretary of State Filing**

JOHN DOE is registering as the company name, DRILLING COMPANY.

The **Ohio Secretary of State Certificate** shows the name DRILLING COMPANY as the Fictitious Name and shows the Agent/Registrant Information as John Doe.

FRANK LAROSE  
Ohio Secretary of State  
Tue Sep 03 2019

Entity#: 0000000  
Filing Type: FICTITIOUS NAMES  
Original Filing Date: 02/02/2017  
Location: ---  
Business Name: DRILLING COMPANY  
Status: Active  
Exp. Date: 02/02/2022

**Agent/Registrant Information**  
JOHN DOE  
123 ANY AVENUE  
TOWN OH 40000  
02/02/2017  
Active

**Filings**

Filing Type	Date of Filing	Document ID
FICTITIOUS NAMES/ORIGINAL FILING	02/02/2017	XXXXXXXXXXXX

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE  
I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that this is a true and correct copy of all records approved on this business entity and in the custody of the Secretary of State.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of September, A.D. 2019  
Ohio Secretary of State  
Frank LaRose

Entity#: 0000000

Filing Type: FICTITIOUS NAMES

Original Filing Date: 02/02/2017

Location: ---

Business Name: DRILLING COMPANY

Status: Active

Exp. Date: 02/02/2022

### **Agent/Registrant Information**

JOHN DOE  
123 ANY AVENUE  
TOWN OH 40000  
02/02/2017  
Active



## **Application**


John Doe, as owner of DRILLING COMPANY, must complete the **Application** with the business name matching the Ohio Secretary of State filing. The Contractor Name must match the name on the State-issued Identification Card.

Contractor Name (name you are registering as)		
Drilling Company		
Contractor Address		PO Box
123 Any Avenue		
City	State	Zip
Town	OH	40000
County	Phone	Fax
Anycounty	555-555-5555	
Contact Person	E-mail	
John Doe	jd_drillingcompany@anyemail.com	

The Application should contain all categories of work your company may perform during this registration period.

<b>Registrant Categories of Work</b> (please check all that apply to your business, must check at least one)	
<i>Systems on which you work:</i>	
<input checked="" type="checkbox"/> Wells	<input type="checkbox"/> Ponds <input type="checkbox"/> Springs <input type="checkbox"/> Cisterns <input type="checkbox"/> Hauled Water Storage Tanks <input type="checkbox"/> EPA Public Water Systems
<i>Type of Well Drilling method, if you drill wells:</i>	
<input checked="" type="checkbox"/> Cable Tool	<input type="checkbox"/> Rotary <input type="checkbox"/> Bucket Auger <input type="checkbox"/> Point Well <input type="checkbox"/> Other: _____
<i>Type of work you do:</i>	
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Sealing/ Abandonment <input type="checkbox"/> Rehabilitation/Disinfection systems <input type="checkbox"/> Pump/Distribution systems
<input type="checkbox"/> Water Treatment/Continuous Disinfection systems	
<i>Inspection Services</i>	
<input type="checkbox"/> Downhole Camera Evaluations <input type="checkbox"/> Private water systems inspections	

**The Application must be signed and dated by the owner/representative at the bottom of the form.**

I hereby certify that I have read the terms and conditions and the information provided is true and accurate.	
Signature of Owner or Representative (required):	Date:
	12/1/2019
Printed Name of Owner or Representative (required)	
John Doe	

## **Registration Bond**

John Doe must work with a Surety Company or Insurance Agent to get a **Registration Bond**. The Contractor Name must match the name on the State-issued Identification Card.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">00XXXX</div> <div style="text-align: center;">Registration Number</div>	<b>State of Ohio</b> <b>2020 Registration Bond for</b> <b>Private Water Systems Contractors</b>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">XXXXXXXXXXXX</div> <div style="text-align: center;">Bond Number</div>
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**Owned By**  
 (Check one)  
☒ Individual  
☐ Partnership  
☐ Corporation

CONTRACTOR NAME: 

DRILLING COMPANY

  
 MAILING ADDRESS: 

123 ANY AVENUE

  
 MAILING ADDRESS 2:   
 CITY, STATE, ZIP: 

TOWN, OH 40000

As Principal, and Surety Company 

ANY 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

☐ ten thousand dollars (\$10,000)      ☒ twenty thousand dollars (\$20,000)  
 the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

**Bond Effective Date:**

JANUARY 1, 2020

The Registration Bond must be for the amount of

1. **\$20,000** for each New contractor's registration year for the first three years of registration. Contractors who have had their registration suspended or have allowed their registration to lapse for greater than twelve months are also required to submit a \$20,000 bond for three years
2. **\$10,000** for each Renewing contractor registration year after the initial three consecutive years of registration. The registration may not lapse for a period greater than twelve (12) months, otherwise, the registrant is considered a new registrant and must obtain a bond as required in paragraph 1.

The **Registration Bond** form must be signed by either the Company Owner or Company Representative. The bond must also be signed the Attorney-in-Fact or Insurance Agent representing the Surety Company. The Surety Company Corporate Seal must be placed on in the provided box.

Drilling Company	
Contractor Name (required - print name)	
John Doe	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Owner/Representative Name (required - print name)	Signature of Owner/Representative (required)
Surety Company Name: <div style="border: 1px solid black; padding: 2px;">Any Surety Company</div>	
Address: <div style="border: 1px solid black; padding: 2px;">987 Any Street, Suite ABC</div>	
City, State, Zip: <div style="border: 1px solid black; padding: 2px;">Columbus, OH 43215</div>	
Surety Company Phone: <div style="border: 1px solid black; padding: 2px;">555-999-9999</div>	
Attorney N. Fact	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Attorney-in Fact or Insurance Agent Name (required - print name)	Attorney-in-Fact or Insurance Agent Signature (required)
<b>Instructions for preparation:</b> 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.	
<div style="border: 1px solid black; padding: 20px; width: 150px; margin: 0 auto;"> </div> <p>(Place Bonding Corporation Seal Above)</p>	

Only the Registration Bond with the original signatures and seal will be accepted. All Registration Bonds must be accompanied by the Power of Attorney.



## Certificate of Liability Insurance

John Doe needs to contact the Insurance Company to obtain a copy of a Certificate of Liability Insurance showing that DRILLING COMPANY has the required general liability coverage (minimum \$500,000). The name in the insured box should only be the Contractor name being registered and must match the name on the Ohio Secretary of State filing.

**ACORD**  
**CERTIFICATE OF GARAGE INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFIRMS COVERAGE ONLY FOR THE POLICY PERIOD. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AFFECT, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY. THE COVERAGE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE INSURED AND THE INSURANCE COMPANY. THE COVERAGE OF INSURANCE IS SUBJECT TO THE POLICY, INCLUDING EXCLUSIONS, LIMITS, CO-INSURANCE, AND OTHER CONDITIONS. A CONTRACT IS THE POLICY, INCLUDING EXCLUSIONS, LIMITS, CO-INSURANCE, AND OTHER CONDITIONS. A CONTRACT IS THE POLICY, INCLUDING EXCLUSIONS, LIMITS, CO-INSURANCE, AND OTHER CONDITIONS.

**INSURED**  
Drilling Company  
123 Any Avenue  
Town, OH 40000

**DESCRIPTION OF OPERATIONS**  
GENERAL AGGREGATE LIMIT: \$500,000

**CERTIFICATE HOLDER**  
ACORD 20 (REVISED) © 2015 ACORD CORPORATION. All rights reserved.

P	Y	LIMITS
		EACH OCCURRENCE
		DAMAGE TO RENTED PREMISES (Ea occurrence)
		MED EXP (Any one person)
		PERSONAL & ADV INJURY
		GENERAL AGGREGATE \$ 500,000
		PRODUCTS - COMP/OP AGG
		COMBINED SINGLE LIMIT (Ea accident)

## Questions about the Registration?

Contact the Private Water Systems Program Staff at the Ohio Department of Health at (614) 644-7558.

## Questions about filing a business as a Fictitious or Trade name with the Secretary of State?

Contact the Ohio Secretary of State's Office at 1-877-SOS-FILE (1-877-767-3453) or <https://www.sos.state.oh.us/businesses/information-on-starting-and-maintaining-a-business/frequently-asked-questions/#qref>.

## Questions about filing requirements?

<http://www.americassbdc.org/>

## Sending the Registration Packet to the Ohio Department of Health

1. Make sure that ALL of your forms are complete and have all required signatures.
2. Make copies for your own records.
3. Send all of the required forms and document with the **Registration Fee** to the following address.

**Ohio Department of Health**  
**BEHRP/Private Water Systems Program**  
**P.O. Box 15278**  
**Columbus, OH 43215-0278**

# **CORPORATION**

(no Fictitious or Trade names)

## Private Water Systems Registration

### What is needed for registration?

1. A copy of the current **OHIO SECRETARY OF STATE CERTIFICATE** showing the name of business filed with the Ohio Secretary of State. This can be obtained by going to the Ohio Secretary of State's website at <https://businesssearch.ohiosos.gov/>.
2. A completed **APPLICATION**.
  - a. The Contractor Name must be the name of the Corporation that filed with the Ohio Secretary of State and must be present on the Secretary of State Certificate.
3. A complete **REGISTRATION BOND** with the Contractor Name matching the name on the Ohio Secretary of State Certificate exactly.
  - a. Submit the copy with the original Company Owner's Signature, Attorney-in-Fact or Insurance Agent's signature, and the Surety Company's Corporate Seal.
4. A complete **CERTIFICATE OF LIABILITY INSURANCE** with the insured Contractor name matching the business name on the Ohio Secretary of State Certificate exactly.
  - a. The Certificate of Liability Insurance must show that the insured has a minimum of \$500,000 general liability coverage.
5. **Registration Fee**
  - a. A \$250.00 registration fee payable by check or money order written to Treasurer, State of Ohio;  
**OR**
  - b. A \$500.00 registration fee payable for registration applications submitted after starting work on a private water system in 2020 prior to being registered.

### Example:

#### **Ohio Secretary of State Filing**

John Doe wants to register his company, JOHN DOE WATER, LLC as a private water systems contractor.

John Doe will need to get a copy of the **Ohio Secretary of State Certificate** showing that JOHN DOE WATER, LLC has a currently filing with the Ohio Secretary of State. Go to <https://businesssearch.ohiosos.gov/> for the business filing information.

FRANK LAROSE  
Ohio Secretary of State

Fri Sep 06 2019

Entity#: 0000000  
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY  
Original Filing Date: 12/10/1999  
Location: ---  
Business Name: JOHN DOE WATER, LLC

Status: Active  
Exp. Date: -

**Agent/Registrant Information**

JOHN DOE  
123 1ST ST  
ANYTOWN OH 40000  
12/10/1999  
Active

**Incorporator Information**

JOHN DOE  
JANE DOE

**Filings**

Filing Type	Date of Filing	Document ID
ARTICLES OF ORGANIZATION, PROFIT LIM.LIAB. CO.	12/10/1999	XXXXXX0000XX

Entity#: 0000000  
Filing Type: DOMESTIC LIMITED LIABILITY COMPANY  
Original Filing Date: 12/10/1999  
Location: ---  
Business Name: JOHN DOE WATER, LLC

Status: Active  
Exp. Date: -

**Agent/Registrant Information**

JOHN DOE  
123 1ST ST  
ANYTOWN OH 40000  
12/10/1999  
Active

## **Application**

John Doe, as the owner of Joe Doe Water, LLC, or his Company Representative must complete the **Application** with the business name matching the Ohio Secretary of State filing. The Contractor Name must match the name on the Ohio Secretary of State Certificate.

Contractor Name (name you are registering as)

John Doe Water, LLC

Contractor Address

123 First St.

PO Box

City

Anytown

State

OH

Zip

40000

County

Anycounty

Phone

(555) 555-0002

Fax

(555) 555-0003

Contact Person

John Doe

E-mail

jdwater@anyemail.com

The Application should contain all categories of work your company may perform during this registration period.

**Registrant Categories of Work** (please check all that apply to your business, must check at least one)

**Systems on which you work:**

☒ Wells ☒ Ponds ☒ Springs ☒ Cisterns ☒ Hauled Water Storage Tanks ☒ EPA Public Water Systems

**Type of Well Drilling method, if you drill wells:**

☒ Cable Tool ☒ Rotary ☐ Bucket Auger ☐ Point Well ☐ Other:

**Type of work you do:**

☒ Construction ☒ Sealing/ Abandonment ☒ Rehabilitation/Disinfection systems ☒ Pump/Distribution systems  
☒ Water Treatment/Continuous Disinfection systems

**Inspection Services**

☒ Downhole Camera Evaluations ☐ Private water systems inspections

**The Application must be signed and dated by the owner/representative at the bottom of the form.**

I hereby certify that I have read the terms and conditions and the information provided is true and accurate.

**Signature of Owner or Representative (required):**

**Date:**

John R. Doe

11/1/2019

**Printed Name of Owner or Representative (required)**

John R. Doe

## **Registration Bond**

John Doe must work with a Surety Company or Insurance Agent to get a **Registration Bond**. The Contractor Name must match the name on the State-issued Identification Card.

The Registration Bond must be for the amount of

1. **\$20,000** for each New contractor's registration year for the first three years of registration. Contractors who have had their registration suspended or have allowed their registration to lapse for greater than twelve months are also required to submit a \$20,000 bond for three years.
2. **\$10,000** for each Renewing contractor registration year after the initial three consecutive years of registration. The registration may not lapse for a period greater than twelve (12) months, otherwise, the registrant is considered a new registrant and must obtain a bond as required in paragraph 1.

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">00XXXX</div> <b>Registration Number</b>	<b>State of Ohio</b> <b>2020 Registration Bond for</b> <b>Private Water Systems Contractors</b>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">XXXX-XXX-XXXXXX</div> <b>Bond Number</b>
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**Owned By**  
 (Check one)  
☐ Individual  
☐ Partnership  
☒ Corporation



CONTRACTOR NAME: JOHN DOE WATER, LLC  
 MAILING ADDRESS: 123 FIRST ST.  
 MAILING ADDRESS 2:  
 CITY, STATE, ZIP: ANYTOWN, OH 40000

As Principal, and Surety Company ANY 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

☐ ten thousand dollars (\$10,000)      ☒ twenty thousand dollars (\$20,000)


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

The **Registration Bond** form must be signed by either the Company Owner or Company Representative. The bond must also be signed the Attorney-in-Fact or Insurance Agent representing the Surety Company. The Surety Company Corporate Seal must be placed on in the provided box.

JOHN DOE WATER, LLC	
<b>Contractor Name (required – print name)</b>	
John R. Doe	
<b>Owner/Representative Name (required - print name)</b>	<b>Signature of Owner/Representative (required)</b>
Surety Company Name: ANY SURETY COMPANY	
Address: 987 ANY STREET, SUITE ABC	
City, State, Zip: COLUMBUS, OH 43215	
Surety Company Phone: 555-999-9999	
Attorney N. Fact	
<b>Attorney-in Fact or Insurance Agent Name (required - print name)</b>	<b>Attorney-in-Fact or Insurance Agent Signature (required)</b>

**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)

Only the **Registration Bond** with the original signatures and seal will be accepted. All **Registration Bonds** must be accompanied by the **Power of Attorney**.

### **Cerification of Liability Insurance**

John Doe must contact the Insurance Company to obtain a copy of a **Certificate of Liability Insurance** showing that John Doe Water, LLC has the required general liability coverage (minimum \$500,000). The name in the insured box should only be the Contractor name being registered and must match the name on the Ohio Secretary of State filing.

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY ADOPT OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**INSURED:** John Doe Water, LLC  
123 First St.  
Anytown, OH 40000

**COVERAGE:**

**COMMERICAL GENERAL LIABILITY**

**PERSONAL AND ADV INJURY**

**COMBINED SINGLE LIMIT**

**LIMITS:**

**EACH OCCURRENCE** \$

**DAMAGE TO RENTED PREMISES (Ea occurrence)** \$

**MED EXP (Any one person)** \$

**PERSONAL & ADV INJURY** \$

**GENERAL AGGREGATE** \$ 500,000

**PRODUCTS - COMP/OP AGG** \$

**COMBINED SINGLE LIMIT (Ea accident)** \$

INSURED

John Doe Water, LLC  
123 First St.  
Anytown, OH 40000

LIMITS	
EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
MED EXP (Any one person)	\$
PERSONAL & ADV INJURY	\$
GENERAL AGGREGATE	\$ 500,000
PRODUCTS - COMP/OP AGG	\$
COMBINED SINGLE LIMIT (Ea accident)	\$

## Questions about the Private Water Systems Contractor Registration?

Contact the Private Water Systems Program Staff at the Ohio Department of Health at (614) 644-7558.

## Questions about filing a business as a Corporation or Fictitious or Trade name with the Secretary of State?

Contact the Ohio Secretary of State's Office at 1-877-SOS-FILE (1-877-767-3453) or <https://www.sos.state.oh.us/businesses/information-on-starting-and-maintaining-a-business/frequently-asked-questions/#gref>.

## Questions about filing requirements businesses?

<http://www.americassbdc.org/>

## Sending the Registration Packet to the Ohio Department of Health

1. Make sure that ALL of your forms are complete and have all required signatures.
2. Make copies of all forms and documents for your own records.
3. Send all of the required forms and documents with the **Registration Fee** to the following address.

**Ohio Department of Health**  
**BEHRP/Private Water Systems Program**  
**P.O. Box 15278**  
**Columbus, OH 43215-0278**

**(Corporation Doing Business As or DBA)**  
**Private Water Systems Registration**

## What is needed for registration?





1. A copy of the current **OHIO SECRETARY OF STATE CERTIFICATE** showing the name of business filed with the Ohio Secretary of State as a FICTITIOUS OR TRADE NAME. This can be obtained by going to the Ohio Secretary of State's website at <https://businesssearch.ohiosos.gov/>.
2. A completed **APPLICATION**
  - a. The Contractor Name must match the name of the Fictitious or Trade Name filed by the Corporation with the Ohio Secretary of State and must be present on the Secretary of State Certificate.
3. A complete **REGISTRATION BOND** with the Contractor Name matching the business name on the Ohio Secretary of State Certificate exactly.
  - a. Submit the copy with the original Company Owner's Signature, Attorney-in-Fact or Insurance Agent's signature, and the Surety Company's Corporate Seal.
4. A complete **CERTIFICATE OF LIABILITY INSURANCE** with the insured Contractor name matching the business name on the Ohio Secretary of State Certificate exactly.
  - a. The Certificate of Liability Insurance must show that the insured has a minimum of \$500,000 general liability coverage.
5. **Registration Fee**
  - a. A \$250.00 registration fee payable by check or money order written to Treasurer, State of Ohio;  
**OR**
  - b. A \$500.00 registration fee payable for registration applications submitted after starting work on a private water system in 2020 prior to being registered.

### Example:

## Ohio Secretary of State Filing

WATER WELL DRILLING, INC. is registering as their registered trade name, WATER WELLS & PUMPS.

The **Ohio Secretary of State Certificate** shows the name WATER WELLS & PUMPS as the Registered Trade Name and shows the Agent/Registrant Information as WATER WELL DRILLING, INC.

 		
<p style="text-align: right;">Tues Sep 03 2019</p>		
Entity#:	0000000	
Filing Type:	REGISTERED TRADE NAME	
Original Filing Date:	01/02/2011	
Location:	—	
Business Name:	WATER WELLS & PUMPS	
Status:	Active	
Exp. Date:	01/02/2021	
<h2 style="text-align: center;">Agent/Registrar Information</h2> <p>WATER WELL DRILLING, INC. 123 MAIN RD ANYTOWN OH 40000 01/02/2011 Active</p>		
<h2 style="text-align: center;">Filings</h2>		
Filing Type	Date of Filing	Document ID
TRADE NAME ORIGINAL FILING	01/02/2011	XXXXXXXXXXXX
LETTER/RENEWAL NOTICE MAILED	01/02/2011	XXXXXXXXXXXX
TRADE NAME RENEWAL	01/21/2015	XXXXXXXXXXXX
<div style="border: 1px solid red; padding: 10px; margin-top: 20px;"> <p style="text-align: center;"><b>UNITED STATES OF AMERICA</b> <b>OFFICE OF SECRETARY OF STATE</b></p> <p><i>I, Frank Larose, Secretary of State, of the State of Ohio, do hereby certify that this is a list of all new approvals on the business entity and in the custody of the Secretary of State.</i></p> <div style="display: flex; justify-content: space-around; align-items: center;">  <div style="text-align: right;"> <p><i>Witness my hand and the seal of the State of Ohio this 1st day of September, A.D. 2019</i></p> <p><i>Char Secretary of State</i></p>  </div> </div> </div>		

Entity#:	00000000
Filing Type:	REGISTERED TRADE NAME
Original Filing Date:	01/02/2011
Location:	---
Business Name:	WATER WELLS & PUMPS
Status:	Active
Exp. Date:	01/02/2021

## Agent/Registrant Information

~~WATER WELL DRILLING, INC.  
123 MAIN RD  
ANYTOWN OH 40000  
01/02/2011  
Active~~



## Application

John Q. Public, as the owner of WATER WELL DRILLING, INC., or a Company Representative must complete the **Application**. The Contractor Name must match the name on the Ohio Secretary of State Certificate.

Contractor Name (name you are registering as)			
Water Wells & Pumps			
Contractor Address		PO Box	
123 Main Rd.			
City	State	Zip	
Anytown	OH	40000	
County	Phone	Fax	
Anycounty	(555) 555-0000	(555) 555-0001	
Contact Person		E-mail	
John Q. Public		waterwelldrillinginc@anyemail.com	

The Application should contain all categories of work your company may perform during this registration period.

Registrant Categories of Work (please check all that apply to your business, must check at least one)	
Systems on which you work:	
<input checked="" type="checkbox"/> Wells	<input type="checkbox"/> Ponds <input type="checkbox"/> Springs <input type="checkbox"/> Cisterns <input type="checkbox"/> Hauled Water Storage Tanks <input checked="" type="checkbox"/> EPA Public Water Systems
Type of Well Drilling method, if you drill wells:	
<input checked="" type="checkbox"/> Cable Tool	<input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Bucket Auger <input type="checkbox"/> Point Well <input type="checkbox"/> Other:
Type of work you do:	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Sealing/ Abandonment <input type="checkbox"/> Rehabilitation/Disinfection systems <input checked="" type="checkbox"/> Pump/Distribution systems
<input checked="" type="checkbox"/> Water Treatment/Continuous Disinfection systems	
Inspection Services	
<input type="checkbox"/> Downhole Camera	If checked, may we list you as a service provider on the ODH web site? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Private water systems inspections	

**The Application must be signed and dated by the owner/representative at the bottom of the form.**

I hereby certify that I have read the terms and conditions and the information provided is true and accurate.	
Signature of Owner or Representative (required):	Date:
<i>John Q. Public</i>	12/1/2019
Printed Name of Owner or Representative (required)	
John Q. Public	

## Registration Bond

John Q. Public must work with a Surety Company or Insurance Agent to get a **Registration Bond**. The Contractor Name must match business name on the Ohio Secretary of State filing.

The Registration Bond must be for the amount of

1. **\$20,000** for each New contractor's registration year for the first three years of registration. Contractors who have had their registration suspended or have allowed their registration to lapse for greater than twelve months are also required to submit a \$20,000 bond for three years
2. **\$10,000** for each Renewing contractor registration year after the initial three consecutive years of registration. The registration may not lapse for a period greater than twelve (12) months, otherwise, the registrant is considered a new registrant and must obtain a bond as required in paragraph 1.

00xxxx	<b>State of Ohio</b>	XXXX-XXX-XXXXXX
<b>Registration Number</b>	<b>2020 Registration Bond for Private Water Systems Contractors</b>	<b>Bond Number</b>

**Owned By**  
(Check one)

☐ Individual

☐ Partnership

☒ Corporation

CONTRACTOR NAME: WATER WELLS & PUMPS

MAILING ADDRESS: 123 MAIN RD

MAILING ADDRESS 2:

CITY, STATE, ZIP: ANYTOWN, OH 40000

As Principal, and Surety Company ANY 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

☐ ten thousand dollars (\$10,000)      ☒ twenty thousand dollars (\$20,000)

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

**Bond Effective Date:** JANUARY 1, 2020

The **Registration Bond** form must be signed by either the Company Owner or Company Representative. The bond must also be signed the Attorney-in-Fact or Insurance Agent representing the Surety Company. The Surety Company Corporate Seal must be placed on in the provided box.


Water Wells & Pumps	
Contractor Name (required - print name)	
John Q. Public	<i>John Q. Public</i>
Owner/Representative Name (required - print name)	Signature of Owner/Representative (required)
Surety Company Name: ANY SURETY COMPANY	
Address: 987 ANY STREET, SUITE ABC	
City, State, Zip: COLUMBUS, OH 43215	
Surety Company Phone: 555-999-9999	

Attorney N. Fact	<i>Attorney N. Fact</i>
Attorney-in Fact or Insurance Agent Name (required - print name)	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)

Only the **Registration Bond** with the original signatures and seal will be accepted. All **Registration Bonds** must be accompanied by the **Power of Attorney**.

### **Certificate of Liability Insurance**

John Q. Public must contact the Insurance Company to obtain a copy of a **Certificate of Liability Insurance** showing that WATER WELLS & PUMPS has the required general liability coverage (minimum \$500,000). The name in the insured box should only be the Contractor name being registered and must match the name on the Ohio Secretary of State filing.

P	LIMITS	
(r)	EACH OCCURRENCE	\$
	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	MED EXP (Any one person)	\$
	PERSONAL & ADV INJURY	\$
	GENERAL AGGREGATE	\$ 500,000
	PRODUCTS -COMP/OP AGG	\$
		\$
	COMBINED SINGLE LIMIT (Ea accident)	\$

Page 4 of 4

# Out-of-State Corporation (no Fictitious or Trade names) Private Water Systems Registration

## What is needed for registration?

1. A copy of the current **OHIO SECRETARY OF STATE CERTIFICATE** showing the name of business filed with the Ohio Secretary of State as a FOREIGN CORPORATION. This can be obtained by going to the Ohio Secretary of State's website at <https://businesssearch.ohiosos.gov/>.
2. A completed **APPLICATION**
  - a. The Contractor Name must be the name of the Corporation that filed with the Ohio Secretary of State and should be present on the Secretary of State Certificate.
3. A complete **REGISTRATION BOND** with the Contractor Name matching the name on the Ohio Secretary of State Certificate exactly.
  - a. Submit the copy with the original Company Owner's Signature, Attorney-in-Fact or Insurance Agent's signature, and the Surety Company's Corporate Seal.
4. A complete **CERTIFICATE OF LIABILITY INSURANCE** with the insured Contractor name matching the business name on the Ohio Secretary of State Certificate exactly.
  - a. The Certificate of Liability Insurance must show that the insured has a minimum of \$500,000 general liability coverage.
5. **Registration Fee**
  - a. A \$250.00 registration fee payable by check or money order written to Treasurer, State of Ohio;  
**OR**
  - b. A \$500.00 registration fee payable for registration applications submitted after starting work on a private water system in 2020 prior to being registered.

## Example:

### Ohio Secretary of State Filing

Jim Doe wants to register his OUT-OF-STATE company, Out OF STATE WELL DRILLING, INC., as a private water systems contractor.

Jim Doe will need to get a copy of the **Ohio Secretary of State Certificate** showing that OUT OF STATE WELL DRILLING, INC. has a current filing with the Ohio Secretary of State.

FRANK LAROSE  
Ohio Secretary of State

Tue Sep 03 2019

Entity#: 000000  
Filing Type: FOREIGN CORPORATION  
Original Filing Date: 01/01/2019  
Location: -  
Business Name: OUT OF STATE WELL DRILLING, INC.  
Status: Active  
Exp. Date: -

Agent/Registrant Information

OHIO LAWYER'S OFFICE  
123 MAIN STREET  
ANYTOWN OH 40000  
01/01/2019  
Active

Filing Type: FOREIGN LICENSE FOR PROFIT  
Date of Filing: 01/01/2019  
Document ID: XXXXXXXXXX

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF SECRETARY OF STATE  
Frank Larose, Secretary of State of Ohio, do hereby certify that this is a true and correct copy of the record as the same appears in the records of the Secretary of State.

Printed on bond and the seal of the Secretary of State of Ohio.  
Ohio Rev. Stat. Sec. 1509.02, 1509.03, 1509.04, 1509.05, 1509.06, 1509.07, 1509.08, 1509.09, 1509.10, 1509.11, 1509.12, 1509.13, 1509.14, 1509.15, 1509.16, 1509.17, 1509.18, 1509.19, 1509.20, 1509.21, 1509.22, 1509.23, 1509.24, 1509.25, 1509.26, 1509.27, 1509.28, 1509.29, 1509.30, 1509.31, 1509.32, 1509.33, 1509.34, 1509.35, 1509.36, 1509.37, 1509.38, 1509.39, 1509.40, 1509.41, 1509.42, 1509.43, 1509.44, 1509.45, 1509.46, 1509.47, 1509.48, 1509.49, 1509.50, 1509.51, 1509.52, 1509.53, 1509.54, 1509.55, 1509.56, 1509.57, 1509.58, 1509.59, 1509.60, 1509.61, 1509.62, 1509.63, 1509.64, 1509.65, 1509.66, 1509.67, 1509.68, 1509.69, 1509.70, 1509.71, 1509.72, 1509.73, 1509.74, 1509.75, 1509.76, 1509.77, 1509.78, 1509.79, 1509.80, 1509.81, 1509.82, 1509.83, 1509.84, 1509.85, 1509.86, 1509.87, 1509.88, 1509.89, 1509.90, 1509.91, 1509.92, 1509.93, 1509.94, 1509.95, 1509.96, 1509.97, 1509.98, 1509.99, 1509.100, 1509.101, 1509.102, 1509.103, 1509.104, 1509.105, 1509.106, 1509.107, 1509.108, 1509.109, 1509.110, 1509.111, 1509.112, 1509.113, 1509.114, 1509.115, 1509.116, 1509.117, 1509.118, 1509.119, 1509.120, 1509.121, 1509.122, 1509.123, 1509.124, 1509.125, 1509.126, 1509.127, 1509.128, 1509.129, 1509.130, 1509.131, 1509.132, 1509.133, 1509.134, 1509.135, 1509.136, 1509.137, 1509.138, 1509.139, 1509.140, 1509.141, 1509.142, 1509.143, 1509.144, 1509.145, 1509.146, 1509.147, 1509.148, 1509.149, 1509.150, 1509.151, 1509.152, 1509.153, 1509.154, 1509.155, 1509.156, 1509.157, 1509.158, 1509.159, 1509.160, 1509.161, 1509.162, 1509.163, 1509.164, 1509.165, 1509.166, 1509.167, 1509.168, 1509.169, 1509.170, 1509.171, 1509.172, 1509.173, 1509.174, 1509.175, 1509.176, 1509.177, 1509.178, 1509.179, 1509.180, 1509.181, 1509.182, 1509.183, 1509.184, 1509.185, 1509.186, 1509.187, 1509.188, 1509.189, 1509.190, 1509.191, 1509.192, 1509.193, 1509.194, 1509.195, 1509.196, 1509.197, 1509.198, 1509.199, 1509.200, 1509.201, 1509.202, 1509.203, 1509.204, 1509.205, 1509.206, 1509.207, 1509.208, 1509.209, 1509.210, 1509.211, 1509.212, 1509.213, 1509.214, 1509.215, 1509.216, 1509.217, 1509.218, 1509.219, 1509.220, 1509.221, 1509.222, 1509.223, 1509.224, 1509.225, 1509.226, 1509.227, 1509.228, 1509.229, 1509.230, 1509.231, 1509.232, 1509.233, 1509.234, 1509.235, 1509.236, 1509.237, 1509.238, 1509.239, 1509.240, 1509.241, 1509.242, 1509.243, 1509.244, 1509.245, 1509.246, 1509.247, 1509.248, 1509.249, 1509.250, 1509.251, 1509.252, 1509.253, 1509.254, 1509.255, 1509.256, 1509.257, 1509.258, 1509.259, 1509.260, 1509.261, 1509.262, 1509.263, 1509.264, 1509.265, 1509.266, 1509.267, 1509.268, 1509.269, 1509.270, 1509.271, 1509.272, 1509.273, 1509.274, 1509.275, 1509.276, 1509.277, 1509.278, 1509.279, 1509.280, 1509.281, 1509.282, 1509.283, 1509.284, 1509.285, 1509.286, 1509.287, 1509.288, 1509.289, 1509.290, 1509.291, 1509.292, 1509.293, 1509.294, 1509.295, 1509.296, 1509.297, 1509.298, 1509.299, 1509.300, 1509.301, 1509.302, 1509.303, 1509.304, 1509.305, 1509.306, 1509.307, 1509.308, 1509.309, 1509.310, 1509.311, 1509.312, 1509.313, 1509.314, 1509.315, 1509.316, 1509.317, 1509.318, 1509.319, 1509.320, 1509.321, 1509.322, 1509.323, 1509.324, 1509.325, 1509.326, 1509.327, 1509.328, 1509.329, 1509.330, 1509.331, 1509.332, 1509.333, 1509.334, 1509.335, 1509.336, 1509.337, 1509.338, 1509.339, 1509.340, 1509.341, 1509.342, 1509.343, 1509.344, 1509.345, 1509.346, 1509.347, 1509.348, 1509.349, 1509.350, 1509.351, 1509.352, 1509.353, 1509.354, 1509.355, 1509.356, 1509.357, 1509.358, 1509.359, 1509.360, 1509.361, 1509.362, 1509.363, 1509.364, 1509.365, 1509.366, 1509.367, 1509.368, 1509.369, 1509.370, 1509.371, 1509.372, 1509.373, 1509.374, 1509.375, 1509.376, 1509.377, 1509.378, 1509.379, 1509.380, 1509.381, 1509.382, 1509.383, 1509.384, 1509.385, 1509.386, 1509.387, 1509.388, 1509.389, 1509.390, 1509.391, 1509.392, 1509.393, 1509.394, 1509.395, 1509.396, 1509.397, 1509.398, 1509.399, 1509.400, 1509.401, 1509.402, 1509.403, 1509.404, 1509.405, 1509.406, 1509.407, 1509.408, 1509.409, 1509.410, 1509.411, 1509.412, 1509.413, 1509.414, 1509.415, 1509.416, 1509.417, 1509.418, 1509.419, 1509.420, 1509.421, 1509.422, 1509.423, 1509.424, 1509.425, 1509.426, 1509.427, 1509.428, 1509.429, 1509.430, 1509.431, 1509.432, 1509.433, 1509.434, 1509.435, 1509.436, 1509.437, 1509.438, 1509.439, 1509.440, 1509.441, 1509.442, 1509.443, 1509.444, 1509.445, 1509.446, 1509.447, 1509.448, 1509.449, 1509.450, 1509.451, 1509.452, 1509.453, 1509.454, 1509.455, 1509.456, 1509.457, 1509.458, 1509.459, 1509.460, 1509.461, 1509.462, 1509.463, 1509.464, 1509.465, 1509.466, 1509.467, 1509.468, 1509.469, 1509.470, 1509.471, 1509.472, 1509.473, 1509.474, 1509.475, 1509.476, 1509.477, 1509.478, 1509.479, 1509.480, 1509.481, 1509.482, 1509.483, 1509.484, 1509.485, 1509.486, 1509.487, 1509.488, 1509.489, 1509.490, 1509.491, 1509.492, 1509.493, 1509.494, 1509.495, 1509.496, 1509.497, 1509.498, 1509.499, 1509.500, 1509.501, 1509.502, 1509.503, 1509.504, 1509.505, 1509.506, 1509.507, 1509.508, 1509.509, 1509.510, 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1509.1010, 1509.1011, 1509.1012, 1509.1013, 1509.1014, 1509.1015, 1509.1016, 1509.1017, 1509.1018, 1509.1019, 1509.1020, 1509.1021, 1509.1022, 1509.1023, 1509.1024, 1509.1025, 1509.1026, 1509.1027, 1509.1028, 1509.1029, 1509.1030, 1509.1031, 1509.1032, 1509.1033, 1509.1034, 1509.1035, 1509.1036, 1509.1037, 1509.1038, 1509.1039, 1509.1040, 1509.1041, 1509.1042, 1509.1043, 1509.1044, 1509.1045, 1509.1046, 1509.1047, 1509.1048, 1509.1049, 1509.1050, 1509.1051, 1509.1052, 1509.1053, 1509.1054, 1509.1055, 1509.1056, 1509.1057, 1509.1058, 1509.1059, 1509.1060, 1509.1061, 1509.1062, 1509.1063, 1509.1064, 1509.1065, 1509.1066, 1509.1067, 1509.1068, 1509.1069, 1509.1070, 1509.1071, 1509.1072, 1509.1073, 1509.1074, 1509.1075, 1509.1076, 1509.1077, 1509.1078, 1509.1079, 1509.1080, 1509.1081, 1509.1082, 1509.1083, 1509.1084, 1509.1085, 1509.1086, 1509.1087, 1509.1088, 1509.1089, 1509.1090, 1509.1091, 1509.1092, 1509.1093, 1509.1094, 1509.1095, 1509.1096, 1509.1097, 1509.1098, 1509.1099, 1509.1100, 1509.1101, 1509.1102, 1509.1103, 1509.1104, 1509.1105, 1509.1106, 1509.1107, 1509.1108, 1509.1109, 1509.1110, 1509.1111, 1509.1112, 1509.1113, 1509.1114, 1509.1115, 1509.1116, 1509.1117, 1509.1118, 1509.1119, 1509.1120, 1509.1121, 1509.1122, 1509.1123, 1509.1124, 1509.112


Jim Doe, as the owner of Out of State Well Drilling, Inc., or a Company Representative must complete the **Application**. The Contractor Name must match the name on the Ohio Secretary of State Certificate.

Contractor Name (name you are registering as)		
Out of State Well Drilling, Inc.		
Contractor Address		PO Box
123 First St.		
City	State	Zip
Anytown	PA	10000
County	Phone	Fax
Anycounty	(555) 555-9000	(555) 555-9001
Contact Person	E-mail	
Jim Doe	outofstatewelldrilling@anyemail.com	

The Application should contain all categories of work your company may perform during this registration period.

<b>Registrant Categories of Work</b> (please check all that apply to your business, must check at least one)	
<b>Systems on which you work:</b>	
<input checked="" type="checkbox"/> Wells	<input type="checkbox"/> Ponds <input type="checkbox"/> Springs <input type="checkbox"/> Cisterns <input type="checkbox"/> Hauled Water Storage Tanks <input type="checkbox"/> EPA Public Water Systems
<b>Type of Well Drilling method, if you drill wells:</b>	
<input type="checkbox"/> Cable Tool	<input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Bucket Auger <input type="checkbox"/> Point Well <input type="checkbox"/> Other: _____
<b>Type of work you do:</b>	
<input checked="" type="checkbox"/> Construction	<input checked="" type="checkbox"/> Sealing/ Abandonment <input type="checkbox"/> Rehabilitation/Disinfection systems <input checked="" type="checkbox"/> Pump/Distribution systems
<input checked="" type="checkbox"/> Water Treatment/Continuous Disinfection systems	
<b>Inspection Services</b>	
<input type="checkbox"/> Downhole Camera	If checked, may we list you as a service provider on the ODH web site? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Private water systems inspections	

**The Application must be signed and dated by the owner/representative at the bottom of the form.**

I hereby certify that I have read the terms and conditions and the information provided is true and accurate.	
<b>Signature of Owner or Representative (required):</b>	<b>Date:</b>
	12/1/2019
<b>Printed Name of Owner or Representative (required)</b>	
Jim Doe	

## **Registration Bond**

Jim Doe must work with a Surety Company or Insurance Agent to get a **Registration Bond**. The Contractor Name must match the name on the State-issued Identification Card.

The Registration Bond must be for the amount of

1. \$20,000 for each New contractor's registration year for the first three years of registration. Contractors who have had their registration suspended or have allowed their registration to lapse for greater than twelve months are also required to submit a \$20,000 bond for three years.
2. \$10,000 for each Renewing contractor registration year after the initial three consecutive years of registration. The registration may not lapse for a period greater than twelve (12) months, otherwise, the registrant is considered a new registrant and must obtain a bond as required in paragraph 1.



<div>00XXXX</div> <div>Registration Number</div>	State of Ohio <b>2020 Registration Bond for Private Water Systems Contractors</b>	<div>XXXXXXXXXXXX</div> <div>Bond Number</div>
--	--	--

**Owned By**  
(Check one)  
☒ Individual  
☐ Partnership  
☐ Corporation

CONTRACTOR NAME: 

OUT OF STATE WELL DRILLING, INC.

  
MAILING ADDRESS: 

123 FIRST ST

  
MAILING ADDRESS 2:   
CITY, STATE, ZIP: 

ANYTOWN, PA 10000

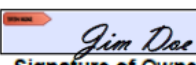
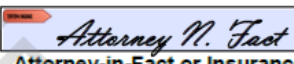
As Principal, and Surety Company 

ANY 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  
☐ ten thousand dollars (\$10,000)    ☒ twenty thousand dollars (\$20,000)  
the payment of which is to be made as provided below. The Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.  
Bond Effective Date: 

JANUARY 1, 2020

The **Registration Bond** form must be signed by either the Company Owner or Company Representative. The bond must also be signed the Attorney-in-Fact or Insurance Agent representing the Surety Company. The Surety Company Corporate Seal must be placed on in the provided box.

<div>OUT OF STATE WELL DRILLING, INC.</div> <div>Contractor Name (required - print name)</div>	
<div>Jim Doe</div> <div>Owner/Representative Name (required - print name)</div>	<div></div> <div>Signature of Owner/Representative (required)</div>
Surety Company Name: <div>ANY SURETY COMPANY</div>	
Address: <div>987 ANY STREET, SUITE ABC</div>	
City, State, Zip: <div>COLUMBUS, OH 43215</div>	
Surety Company Phone: <div>555-999-9999</div>	
<div>Attorney N. Fact</div> <div>Attorney-in Fact or Insurance Agent Name (required - print name)</div>	<div></div> <div>Attorney-in-Fact or Insurance Agent Signature (required)</div>

**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)

Only the **Registration Bond** with the original signatures and seal will be accepted. All **Registration Bonds** must be accompanied by the **Power of Attorney**.

### Certificate of Liability Insurance

Jim Doe must contact the Insurance Company to obtain a copy of a **Certificate of Liability Insurance** showing that OUT OF STATE WELL DRILLING, INC. has the required general liability coverage (minimum \$500,000). The name in the insured box should only be the Contractor name being registered and must match the name on the Ohio Secretary of State filing.



**ACORD**  
**CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFIRMS THE COVERAGE AFFORDED BY THE POLICY DESCRIBED BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policyholder must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**INSURED**  
 Out of State Well Drilling, Inc.  
 123 First St  
 Anytown, PA 10000

**COVERAGE**  
 THIS IS TO CERTIFY THAT THE INSURANCE COVERAGE AFFORDED BY THE POLICY DESCRIBED BELOW HAS BEEN ISSUED TO THE INSURED PARTY FOR THE POLICY PERIOD INDICATED. THE COVERAGE AFFORDED BY THE POLICY DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICY.

**REVISION NUMBER**  
 1

**CERTIFICATE HOLDER**  
 [Blank]

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE SHALL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ACORD 25 (2014/01) © 1989-2014 ACORD CORPORATION. All rights reserved.  
 The ACORD name and logo are registered marks of ACORD.

LIMITS	
EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
MED EXP (Any one person)	\$
PERSONAL & ADV INJURY	\$
GENERAL AGGREGATE	\$ 500,000
PRODUCTS - COMP/OP AGG	\$
COMBINED SINGLE LIMIT (Ea accident)	\$

### Questions about filing a business as an Out of State Corporation as a FOREIGN CORPORATION with the Secretary of State?

Contact the Ohio Secretary of State's Office at 1-877-SOS-FILE (1-877-767-3453) or <https://www.sos.state.oh.us/businesses/information-on-starting-and-maintaining-a-business/frequently-asked-questions/#gref>.

### Questions about filing requirements businesses?

<http://www.americassbdc.org/>

### Questions about the Private Water Systems Contractor Registration?

Contact the Private Water Systems Program Staff at the Ohio Department of Health at (614) 644-7558.

### Sending the Registration Packet to the Ohio Department of Health

1. Make sure that ALL of your forms are complete and have all required signatures.
2. Make copies of all forms and documents for your own records.
3. Send all of the required forms and document with the **Registration Fee** to the following address.

**Ohio Department of Health**  
**BEHRP/Private Water Systems Program**  
**P.O. Box 15278**  
**Columbus, OH 43215-0278**

**Ohio Department of Health**  
**2020 Annual Private Water Systems Contractor**  
**Application for Registration**

Registration Number

Is the Company Owner a United States Armed Forces service member or veteran, or the spouse or surviving spouse of a service member or veteran? ☐ Yes ☐ No If yes, see the information on the next page.

**COMPLETE THIS DOCUMENT BASED ON THE INSTRUCTIONS PROVIDED FOR THE TYPE OF REGISTRATION YOU ARE APPLYING FOR.** This application must be accompanied by all required documents as listed on the next page.

Contractor Name (name you are registering as)

Contractor Address

PO Box

City

State

Zip

County

Phone

Fax

Contact Person

E-mail

**An application with inaccurate or incomplete information will not be accepted until corrections are made.**

**Registrant Categories of Work** (please check all that apply to your business, must check at least one)

***Systems on which you work:***

☐ Wells ☐ Ponds ☐ Springs ☐ Cisterns ☐ Hauled Water Storage Tanks ☐ EPA Public Water Systems

***Type of Well Drilling method, if you drill wells:***

☐ Cable Tool ☐ Rotary ☐ Bucket Auger ☐ Point Well ☐ Other: \_\_\_\_\_

***Type of work you do:***

☐ Construction ☐ Sealing/ Abandonment ☐ Rehabilitation/Disinfection systems ☐ Pump/Distribution systems  
☐ Water Treatment/Continuous Disinfection systems

***Inspection Services***

☐ Downhole Camera Evaluations ☐ Private water systems inspections

**The applicant for registration as a private water systems contractor agrees to the following terms and conditions of registration:**

1. I/we, have read and reviewed Chapter 3701-28 of Ohio Administrative Code and understand the provisions contained therein.
2. I/we, the undersigned, hereby agree to comply with the state private water system rules, Chapter 3701-28 of the Ohio Administrative Code.
3. I/we, assert that I/we have adequate experience and knowledge to comply with the requirements Chapter 3701-28 of the Ohio Administrative Code.
4. I/we, assert that I/we are not using this registration application to aid or abet an unregistered person to evade the requirements of registration under section 3701.344 of the Ohio Revised Code, that I/we will not allow this registration to be used by an unregistered person, or am acting as an agent, partner, or associate of an unregistered person with the intent to evade the provisions of Chapter 3701-28 of the Ohio Administrative Code.
5. I/we, also acknowledge that registration may be suspended, revoked or denied for violation of any provisions of these rules.
6. I/we also understand that a registration expires on **December 31** of each year unless earlier revoked or suspended, and that annual application for registration must be made to the Ohio Department of Health.

I hereby certify that I have read the terms and conditions and the information provided is true and accurate.

**Signature of Owner or Representative (required):**

**Date:**

**Printed Name of Owner or Representative (required)**

## Notice to Applicant – Required Information to Process Your Application

Follow the instructions provided based on whether you are filing as:

- A. Individual
- B. Individual with DBA or Doing Business As (Fictitious or Trade Name)
- C. Corporation
- D. Corporation with DBA (Fictitious or Trade Name)
- E. Out of State Corporation

All application packets must be mailed with the following documents and funds:

1. This **Ohio Department of Health 2020 Annual Private Water Systems Contractor Application for Registration form** completely filled out, signed and dated;
2. **Ohio Secretary of State Business Filing certificates**, or **State-issued Identification card** if you do not have an active business or name filing with the Ohio Secretary of State;
  - a. Copies of all current Ohio Secretary of State certificates for company business filing, fictitious name registration, and/or trade name registration (as applicable) if there is an active business filing with the Ohio Secretary of State;
  - b. Copy of the State-issued driver's license or State identification card if you do not have an active business or name filing with the Ohio Secretary of State;
3. Proof of service member or veteran status, as applicable;

The acceptable proof of service member/veteran status documents are: Department of Defense identification card (active, retired, temporary disability retirement list (TDRL)); DD214 military discharge certificate indicating disposition of discharge; Report of separation from the national archives national personnel records center in St. Louis, Missouri; or Veterans identification card from the Department of Veteran's Affairs. All acceptable proof documents, except veteran's identification card, must show the veteran status as honorable, general, general under honorable conditions, or discharged or released under conditions other than dishonorable;
- The **original State of Ohio 2020 Registration Bond Private Water Systems Contractor** (see bond instructions/requirements);
4. The **Power of Attorney** associated with the 2020 Registration Bond;
5. **Proof of \$500,000 General Liability Insurance**;
6. A \$250.00 registration fee payable by check or money order written to **Treasurer, State of Ohio**; **OR** A \$500.00 registration fee payable for registration applications submitted after starting work on a private water system in 2020 as required in Ohio Administrative Code Rule 3701-28-18(B)(1)(a).

**Registration is due by December 31, 2019**

**Incomplete packets will not be processed until all required information is received.**

### Registration Mailing and Contact Information:

#### Mail completed packets to:

Ohio Department of Health  
BEHRP Private Water Systems  
P.O. Box 15278  
Columbus, Ohio 43215-0278

#### Questions or need forms??

Contact the Residential Water and  
Sewage Program at (614)644-7558  
or email at BEH@odh.ohio.gov

Forms, instructions and more information will be posted at the program website at:

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-contractors/>.

Registration Number

State of Ohio  
**2020 Registration Bond for  
Private Water Systems Contractors**

Bond Number

**Owned By**

(Check one)

- ☐ Individual  
☐ Partnership  
☐ Corporation

CONTRACTOR NAME: \_\_\_\_\_

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

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

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

☐ **ten thousand dollars (\$10,000)**

☐ **twenty thousand dollars (\$20,000)**

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

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

The above Principal has applied to the Ohio Department of Health for a registration to be a private water systems contractor in the State of Ohio as provided in Ohio Revised Code (R.C.) 3701.344 (B)(3)) and Ohio Administrative Code (O.A.C.) 3701-28-18, The registration expires on the 31st day of December, 2020.

If the above Principal shall comply with all laws and rules relating to the construction, alteration, repair, service, or abandonment of private water 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, 2020 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 3701-28-18 (D)(2), effective January 1, 2020. 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 this bond shall be available for payment of violations for the 2020 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 3701-28, as provided by OAC 3701-28-18 (B)(1)(d) effective January 1, 2020.

**Contractor Name (required – print name)**

**Owner/Representative Name (required - print name)**

**Signature of Owner/Representative (required)**

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

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

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

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

**Attorney-in Fact or Insurance Agent Name  
(required - print name)**

**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)