

ERIE COUNTY

DEPARTMENT OF ENVIRONMENTAL SERVICES

REVISED: 7/16/2010

P.O. Box 469, 554 River Road, Huron, Ohio 44839
Phone (419) 433-7303 Fax (419) 433-6214

APPLICATION FOR CONTRACTOR REGISTRATION FOR 7/01/2010 THRU 6/30/2011

NEW _____ RENEWAL _____ Date Appl. Recvd: _____ Registration No: _____
Fee Recvd: Check Cash

The undersigned Contractor hereby applies to Erie County for annual registration with the Erie County Sanitary Engineer to construct, install, improve, or modify County water lines or private water service connections and/or County sanitary sewer lines or private sanitary sewer service connections which are ultimately connected to a County public water main or public sanitary sewer. The undersigned agrees to follow all applicable OSHA regulations in performing all water line and sanitary sewer construction. **THE SANITARY ENGINEER MAY DENY REGISTRATION TO CONTRACTOR WHO HAVE FAILED TO FOLLOW COUNTY RULES, SPECIFICATIONS AND CONSTRUCTION STANDARDS.**

1. Choose one of the CLASSIFICATIONS listed which will describe your firm as a participant in this program:		<input type="checkbox"/> BACKFLOW TESTER/INSTALLING SERVICE LINE CONTRACTOR <input type="checkbox"/> BACKFLOW TESTER ONLY <input type="checkbox"/> BACKFLOW & FIRE PROTECTION TESTER <input type="checkbox"/> BACKFLOW TESTER/INSTALLING SERVICE LINE CONTRACTOR AND FIRE PROTECTION TESTER <input type="checkbox"/> INSTALLING SERVICE LINE CONTRACTOR	
2. Select how you plan to receive future Rules, Specifications and Construction Standard revisions: <input type="checkbox"/> Purchase CD \$20.00 <input type="checkbox"/> Access to our Web Site FREE at www.eriecounty.oh.gov			
3. COMPANY NAME PLEASE PRINT			
4a. COMPANY ADDRESS STREET			
4b. COMPANY ADDRESS CITY, STATE, ZIP			
5a. BUSINESS PHONE # WITH AREA CODE		5b. BUSINESS FAX #	5c. CELL PHONE # WITH AREA CODE
6. EMAIL ADDRESS			
7. OFFICE ASSISTANT NAME			
8. PERSON RESPONSIBLE FOR SAFETY PROGRAM NAME			
9. NAME OF ON-SITE SAFETY EMPLOYEE(S) (Not Applicable If Registering for Backflow Only)		_____ _____ _____	
10. LIST COMPANY OFFICERS/ASSOCIATES		NAME (PLEASE PRINT) _____ TITLE _____ NAME (PLEASE PRINT) _____ TITLE _____ NAME (PLEASE PRINT) _____ TITLE _____	
11. NAME(S) OF CERTIFIED BACKFLOW TESTERS (if applicable) According to Rule 29-Cross Connection Backflow Prevention, Section Iv. G., gages used for backflow prevention test and inspections need to be calibrates once every two (2) years.		OHIO DEPT. OF COMMERCE BACKFLOW TESTER'S NAME CERT. # DATE OF EXPIRATION 1. _____ Date of last gauge calibration: _____	

11. NAME(S) OF CERTIFIED BACKFLOW TESTERS (continued) Attach separate page for additional names, if needed.	OHIO DEPT. OF COMMERCE	
	<u>BACKFLOW TESTER'S NAME</u>	<u>CERT. #</u> <u>DATE OF EXPIRATION</u>
	2. _____	_____
	Date of last gauge calibration: _____	_____
3. _____	_____	
Date of last gauge calibration: _____	_____	

12. I, _____, _____, Chief Officer for
NAME (PLEASE PRINT TITLE
_____ acting for and on behalf of said Company,
COMPANY

- a. Do hereby agree to follow all Erie County Rules, Specifications and Construction Standards governing construction and installation of sanitary sewer service connections and water service connections which are ultimately connected to the County's public sanitary sewer system and water distribution system and to follow all applicable OSHA regulations;
- b. Agree to submit the \$25.00 application fee for each on-site safety employee/backflow tester listed on this application as per Erie County Sewer Rule 24, Section 3, paragraph 2 and Water Rule 34, Section 3, paragraph 2). First-time applicant fee is \$40.00 for first on-site safety employee/backflow tester and \$25.00 for each additional testers.
- c. Agree to follow Erie County Water Rule 29, Section VI. Requirements and Section X. Periodic Testing.
- d. Agree to hold harmless Erie County, for any bodily, personal or real property damage resulting from the actions of my employees, equipment, and sub-contractors and
- e. Agree to call two (2) working days in advance before installing sanitary sewer services and improvements for inspections at (419) 433-7303.
- f. Agree to schedule Erie County testing for each on-site safety employee and certified backflow tester listed on application.
- g. Agree to submit copy of Ohio Department of Commerce – Division of State Fire Marshall Company Annual Certification showing expiration date for each Fire Protection tester, if applicable.
- h. Agree to submit copy of Ohio Department of Commerce Backflow Prevention Certification and copy of each gauge certification of calibration (renewable every two years), if applicable.
- i. Agree to complete the Erie County Application for Contractor Registration, the Declaration Regarding Material Assistance/Non-Assistance To A Terrorist Organization form, and the Erie County Project Safety Agreement.

I, by my signature below, agree to follow all the requirements of a Registered Contractor as described in this application and referenced documents.

AUTHORIZED COMPANY REPRESENTATIVE

SIGNATURE DATE

STATE OF OHIO)
) SS:
COUNTY OF ERIE)

BEFORE THE UNDERSIGNED, a Notary Public in and for said County and State, personally appeared the above named _____, who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at _____, _____, on the _____ day of _____, 20____.

Commission Expires Notary Public