Bond	Number	

State of Ohio 2025 Registration Bond for

Registration	Number
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		ent Systems Installer age Treatment Systems)	Health District use only ☐ Power of attorney attached			
Owned By (Check one) □ Individual □ Partnership	LEGAL COMPANY NAME	:				
	MAILING ADDRESS	MAILING ADDRESS:				
	MAILING ADDRESS 2	:				
☐ Corporation	CITY, STATE, ZIP	· 				
As Principal, and Surety is/are authorized to do by the sum of		Surety. The Principal and Surety are boo	und to an aggrieved party in			
and dam of	forty thousa	and dollars (\$40,000)				
	_	. The Principal and Surety hereby bir	nd to themselves, their			
Bond E	Effective Date:					
for a registration to enga	ge in and practice the business on the organization of the ORC and OI	o as established under Ohio Revised C of a sewage treatment system installer in hio Administrative Code (OAC) 3701-29	n the State of Ohio			
sewage treatment system person who may be aggin	ns and any amendments thereto, rieved by the violation of any of th	relating to the construction, alteration, r, and shall save and keep harmless the ne aforesaid laws or rules from the constorce and effect until December 31, 20	State of Ohio and any sequence of any and all acts			
 The Surety Compan (90) days prior to the then notify all local he the bond and shall ir from liability for any acts of Principal cov. The aggregate of liat of claims that may be registration year. This bond shall be for 	y may cancel this Bond at any ting effective date of cancellation in lealth districts in Ohio where the lammediately submit proof of a new subsequent acts of the Principal; ered by this bond up to the date obility of the Surety Company shall be filed hereunder. The sum of this	ect to the following expressed condition ne by giving written notice to the Ohio E accordance with OAC rule 3701-29-03 Principal holds a current and valid regist registration bond. Any such cancellation provided, however, the Surety shall rerof cancellation. Il in no event exceed the sum of this bois bond shall be available for payment of arty for damages incurred as a result of	Department of Health ninety (C)(6)(d). The Principal shall stration of the cancellation of on shall release the Surety main liable for any and all and, regardless of the number of violations for the 2023			
Legal Company Name (r	equired – print name)					
Owner/Representative N Surety Company	lame (required - print name) Name: ddress: ate, Zip:	Signature of Owner/Representat	ive (required)			
		<u></u>				
Attorney-in Fact Listed (required - print name)	on the Power of Attorney	Attorney-in-Fact or Insurance Ag	gent Signature (required)			
	Surety Company Power-of-Attorney form for Attorne contractor company representative					

(Place Bonding Corporation Seal Above)