

CORPORATION registering as a Fictitious or Trade Name (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 2023 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.

The screenshot shows the Ohio Secretary of State Certificate for WATER WELLS & PUMPS. The certificate is dated 01/02/2011 and is issued to WATER WELL DRILLING, INC. The certificate is signed by the Ohio Secretary of State, Frank LaRose. The certificate is a Fictitious or Trade Name Certificate. The certificate is for a business that is active. The certificate is for a business that is registered. The certificate is for a business that is doing business as WATER WELLS & PUMPS. The certificate is for a business that is registered with the Ohio Secretary of State. The certificate is for a business that is active. The certificate is for a business that is registered. The certificate is for a business that is doing business as WATER WELLS & PUMPS. The certificate is for a business that is registered with the Ohio Secretary of State.

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
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.

<div style="border: 1px solid black; padding: 2px;">00xxxx</div> Registration Number	State of Ohio 2020 Registration Bond for Private Water Systems Contractors	<div style="border: 1px solid black; padding: 2px;">XXXX-XXX-XXXXXX</div> Bond Number
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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: <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	
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.	
<div style="border: 1px solid black; padding: 20px; width: 100px; margin: 0 auto;"> Surety Co. Seal </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 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.

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 AMEND, EXTEND 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 PRODUCERS, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION is required, 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 favor of such endorsement(s).

INSURED

Water Wells & Pumps
123 Main Rd.
Anytown, OH 40000

COVERAGE

THIS IS TO CERTIFY THAT THE POLICIES OR POLICIES HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES.

COVERAGE

COMMERICAL GENERAL LIABILITY

PRODUCTS - COM/OP AGG

LIMITS

EACH OCCURRENCE

DAMAGE TO RENTED PREMISES (Ea occurrence)

MED EXP (Any one person)

PERSONAL & ADV INJURY

GENERAL AGGREGATE

500,000

PRODUCTS - COM/OP AGG

COMBINED SINGLE LIMIT (Ea accident)

500,000

CERTIFICATE HOLDER

CANCELLATION

Should any of the above described policies be cancelled before the cancellation date, the policy will be delivered in accordance with the policy provisions.

ACORD 29 (2014/01)

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 - COM/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 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?

<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