

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

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.
6. **CONTINUING EDUCATION FORM**

The following information is an example:

Ohio Secretary of State Filing Example

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

Filing Type: FICTITIOUS NAME/ORIGINAL FILING
Date of Filing: 02/02/2017
Document ID: XXXXXXXXXX

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 records of the Secretary of State.

Witness my hand and the seal of the Secretary of State on 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 Example

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

123 Any Avenue

PO Box

City

Town

State

OH

Zip

40000

County

Anycounty

Phone

555-555-5555

Fax

Contact Person

John Doe

E-mail

jd_drillingcompany@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 Doe

12/12/2020

Printed Name of Owner or Representative (required)

John Doe

Registration Bond Example

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> Registration Number	State of Ohio 2020 Registration Bond for Private Water Systems Contractors	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">XXXXXXXXXXXX</div> Bond Number
Owned By (Check one) <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	CONTRACTOR NAME: <div style="border: 1px solid black; padding: 2px;">DRILLING COMPANY</div> MAILING ADDRESS: <div style="border: 1px solid black; padding: 2px;">123 ANY AVENUE</div> MAILING ADDRESS 2: <div style="border: 1px solid black; padding: 2px;"></div> CITY, STATE, ZIP: <div style="border: 1px solid black; padding: 2px;">TOWN, OH 40000</div>	
As Principal, and Surety Company <div style="border: 1px solid black; padding: 2px;">ANY SURETY COMPANY</div> 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 <input type="checkbox"/> ten thousand dollars (\$10,000) <input checked="" type="checkbox"/> 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: <div style="border: 1px solid black; padding: 2px;">JANUARY 1, 2020</div>		

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;"><i>John Doe</i></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	
Attorney-in Fact or Insurance Agent Name (required - print name) Attorney-in-Fact or Insurance Agent Signature (required)	
<div style="border: 1px solid black; padding: 2px;"><i>Attorney N. Fact</i></div>	
<div style="border: 1px solid black; padding: 2px;"><div style="border: 2px solid black; padding: 10px; text-align: center; width: 100px; margin: 0 auto;">Surety Co. Seal</div> (Place Bonding Corporation Seal Above)</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.

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.

ACCORD **CERTIFICATE OF GARAGE INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AUTOMATICALLY OR NECESSARILY EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OF PRODUCER, AND THE CERTIFICATE HOLDER.

INSURED

Drilling Company
123 Any Avenue
Town, OH 40000

COVERAGE

GENERAL LIABILITY

PRODUCTS - COMPIOP AGG

LIMITS

GENERAL AGGREGATE \$ 500,000

PRODUCTS - COMPIOP AGG \$

COMBINED SINGLE LIMIT (Ea accident) \$

LIMITS	
EACH OCCURRENCE	\$
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
MED EXP (Any one person)	\$
PERSONAL & ADV INJURY	\$
GENERAL AGGREGATE	\$ 500,000
PRODUCTS - COMPIOP 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/#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 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