

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

## 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 2023 prior to being registered.
6. A completed **CONTINUING EDUCATION WORKSHEET**.

## The following information is an 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: OUT OF STATE WELL DRILLING, INC.  
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

Entity#: 000000  
Filing Type: FOREIGN CORPORATION  
Original Filing Date: 01/01/2019  
Location: OUT OF STATE WELL DRILLING, INC.  
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

## **Application**

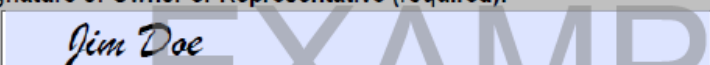
Jim Doe, as the owner of Out of State Well Drilling, Inc., or a Company Representative must complete the **Application**. The Contractor Name must match the name on the Ohio Secretary of State Certificate.

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: <input type="text"/>	
<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 <input type="checkbox"/> 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>
	12/1/2020
<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 style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">00XXXX</div> <div style="border: 1px solid black; padding: 2px;">Registration Number</div>	<b>State of Ohio</b> <b>2021 Registration Bond for</b> <b>Private Water Systems Contractors</b>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">XXXX-XXXX-XX</div> <div style="border: 1px solid black; padding: 2px;">Bond Number</div>
<b>Owned By</b> (Check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation	CONTRACTOR NAME: <div style="border: 1px solid black; padding: 2px;">OUT OF STATE WELL DRILLING, INC.</div>	
	MAILING ADDRESS: <div style="border: 1px solid black; padding: 2px;">123 First St.</div>	
	MAILING ADDRESS 2: <div style="border: 1px solid black; padding: 2px;"></div>	
	CITY, STATE, ZIP: <div style="border: 1px solid black; padding: 2px;">Anytown, PA 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, 2021</div>		

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.

OUT OF STATE WELL DRILLING, INC.	
Contractor Name (required - print name)	
Jim Doe	<i>Jim Doe</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	<i>Attorney N. Fact</i>
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: 10px; text-align: center;"><p>Instructions for preparation:</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></div>	
<div style="border: 2px solid black; padding: 20px; width: 150px; margin: 0 auto;"><p>Seal of Any Surety</p></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

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.

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