



MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1

APPLICATION TO REGISTER TO INSTALL/REPAIR SEPTIC SYSTEMS

Monmouth County Health Commission Ordinance 2015-11 requires that every registered installer provide a certificate of insurance that provides proof of general comprehensive and liability insurance. Please attach a copy of the certificate with this application. Inclusion in this registration or resulting list does not constitute endorsement or approval by the Monmouth County Regional Health Commission.

In accordance with N.J.A.C. 7:9A-7.2, as amended by section, of Monmouth County Regional Health Commission Ordinance 2015-11 I (we) hereby submit an application to be placed on the Monmouth County Regional Health Commission's List Of Registered Onsite Sewage Disposal System Installers.

(Signature of Applicant)

NAME OF APPLICANT (Please print or type):

NAME OF COMPANY:

ADDRESS:

PHONE: () _____ E-MAIL: _____

PHONE # OTHER THAN ABOVE WHERE MESSAGE MAY BE LEFT: () _____

PLEASE LIST THREE REFERENCES. AT LEAST ONE REFERENCE SHOULD BE AN ENGINEER, BUILDERS, ETC., WHO HAVE CONTRACTED WITH YOU FOR SEPTIC SYSTEM INSTALLATION.

- 1. _____ PHONE: () _____
- 2. _____ PHONE: () _____
- 3. _____ PHONE: () _____

NAME OF GENERAL COMPREHENSIVE AND LIABILITY INSURANCE COMPANY:

Policy Expiration Date: _____