**CHRISTIAN COUNTY** **20\_\_\_**

Application for Annual Registration Certification for

Private Sewage Contractors

*Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_*

*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ILLINOIS CONTRACTOR PUMPER ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date:\_\_\_\_

ILLINOIS CONTRACTOR INSTALLER ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date:\_\_\_\_\_

FEE: $50.00 – Please Make Checks Payable to: **CCHD** Pd:

*Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_*

*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ILLINOIS CONTRACTOR PUMPER ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date:\_\_\_\_

ILLINOIS CONTRACTOR INSTALLER ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date:\_\_\_\_\_

FEE: $50.00 – Please Make Checks Payable to: **CCHD** Pd:

*Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_*

*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

ILLINOIS CONTRACTOR PUMPER ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date:\_\_\_\_

ILLINOIS CONTRACTOR INSTALLER ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp Date:\_\_\_\_\_

FEE: $50.00 – Please Make Checks Payable to: **CCHD** Pd: