



La Porte County Health Department

"To engage and partner in a collaborative and responsive effort with the community and local organizations with respect to the diversity of the community to better serve present and future generations."

Application for Contractor Registration/Installer Certification

Business Information:

Name of Business: _____

Owner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____

Installer Information:

Please Circle Certification

Name: _____ IOWPA LPCHD CERT

Name: _____ IOWPA LPCHD CERT

Name: _____ IOWPA LPCHD CERT

Name: _____ IOWPA LPCHD CERT

Name: _____ IOWPA LPCHD CERT

I certify that the above information is accurate and complete. Should any information change, I will submit a revised registration form.

Signed: _____ **Date:** _____

FOR OFFICE USE ONLY!		
Date Paid: _____	Fee Paid: _____	Dept Employee: _____
Transaction #: _____		
Surety Bond # _____	Issued by: _____	
Installer Certification # _____	Issued for:	GRAVITY MOUND