



La Porte County Health Department

2022 Application for Contractor Registration/**Installer Certification**

Business Information:

Name of Business: _____

Owner Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____

IOWPA Certified Installer:

Please Circle Certification

Name: _____ Gravity Flood Dosed Mound

Name: _____ Gravity Flood Dosed Mound

Name: _____ Gravity Flood Dosed Mound

Name: _____ Gravity Flood Dosed Mound

Name: _____ Gravity Flood Dosed Mound

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!		2022
Date Paid: _____	Fee Paid: _____	Dept Employee: _____
Transaction #: _____		
Surety Bond # _____		Expiration _____
Installer Certification # _____ Issued for: <input type="checkbox"/> GRAVITY <input type="checkbox"/> DOSED <input type="checkbox"/> MOUND		