

Sidney-Shelby County Health Department
202 W. Poplar Street
Ph: 937-498-7249 Fax: 937-498-7013

www.shelbycountyhealthdept.org

SHELBY COUNTY PLUMBING REGISTRATION APPLICATION 2026

Please Print

Plumber Name _____

Plumber Address _____

City, State & Zip _____

Company Name _____

Company Address _____

City, State & Zip _____

Plumbing Contractor # _____ Phone # _____ Fax # _____

Backflow Tester # _____ E-mail Address _____

REGISTRATION FEE:

1 – 5 Plumbers = \$250.00

More than 5 Plumbers = \$300.00

TOTAL AMOUNT PAID \$ _____

- ***This application must be accompanied by an original bond (if new) in the amount of \$10,000.00 (photocopies or faxes will be accepted for continuation bonds) AND copies of your State Certified Backflow Tester Certificate and/or State Plumbing Contractor License Certificate. No new permits or inspections will be provided until you are registered for 2026.

Applicant Signature _____ Date _____

Approval _____ Registration No. _____ Receipt # _____ Date Issued _____

To charge your registration fees, please complete the following: (\$2.50 convenience fee will be applied)

Name on Card _____ Address _____

Card # _____ Expiration Date of Card _____

Zip Code _____ 3 Digit Code from back of card _____ *CARD INFO NOT KEPT ON FILE