



WAYNE COUNTY
Health Department
 Where Caring Meets the Community

100 S. 5th Street
 Richmond, IN 47374
 765-973-9245
www.co.wayne.in.us
 David Jetmore, M.D., Health Officer

Contractor's Registration Application

Any person/business/ contractor making an application to have their name placed on the Contractor's Registry shall post an indemnity bond with the Wayne County Health Board in the penal sum of (\$20,000) in favor of the Wayne County Health Board.

I hereby certify that I understand 410 IAC 6-8.3 code of the Indiana Department of Health and that I will comply with all of the rules and provisions therein. I hereby make an application to have my name placed on the contractor Registry.

Name _____ Date _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Business Name _____

Address _____

City _____ State _____ Zip Code _____

Submitted herewith, is the required registration fee of two hundred fifty dollars (\$250) paid in the form of:

Check _____ Cash _____ Other _____

Applicant Signature _____

Office Use

Date Indemnity Bond Received _____ Bond Number _____

Receipt Number _____ Issued by _____

Approval Date _____ Approved by _____