Receipt for License Certificates

Health District

I. NEW license certificate audit numbers
When **new** license certificates have been delivered record the **entire audit number** and then forward this transmittal form immediately to the Ohio Department of Health to certify **receipt** of the license certificates.

Program	License Year	Audit no. From:	Audit no. To:	Total no. of certificates ***received from ODH***
Campground: RC, RVP, CPC		**C**-	**C**-	
Temporary Park/Camp		**TC**-	**TC**-	
Manufactured Home Park		**T**-	**T**-	
Marina		**M**-	**M**-	
Swimming Pool/Spa		**P**-	**P**-	
Comments:				

II. **Certificates issued the preceding year**
Record the number of license certificates issued within the **prior** license year, as applicable. This information is used to determine the number license certificates and extras certificates to forward to each health district.

Program	No. of certificates ***issued* the prior license year**	No. of void and duplicate certificates	Total no. of certificates
Campground: RC, RVP, CPC			
Temporary Park/Camp			
Manufactured Home Park			
Marina			
Swimming Pool/Spa			

I hereby certify receipt of the above license certificates and that the information completed is a true and accurate statement of the facts.

Contact person	Phone no.	Date

Note: Immediately report any irregularities with license certificates/permits that are received.
The licensor is accountable for license certificate audit numbers that are received and issued.

Please mail or **FAX** this form immediately following receipt of license certificates, Fax or mail to:

Ohio Dept. of Health
Bureau of Environmental Health
246 N. High St , P.O. Box 118
Columbus, OH 43266-0588 614.466.1390 **614.466.4556-FAX**