

Application to Waive Board Recertification

111 N Front Street, Columbus, Ohio 43215
 Phone: 614-645-7433 • Email: bzslicensing@columbus.gov • www.bzs.columbus.gov

Type of License:

Demolition Contractor	General Sign Erector	Limited Sign Erector	Journeyman Plumber
Sewer Contractor	Water Contractor	Sewer/Water Contractor	Special Inspector
Home Improvement Contractor	Home Improvement Contractor - Limited (specify): _____		

** A separate application is required for each license type requested. For application requirements for ANY license, refer to Columbus Building Code, Chapter 4114.*

PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION

In order to waive the board recertification process, you must meet all of the following statements.

_____ I have previously held this type of license with the City of Columbus. My previous license number was: _____
initial here

_____ It has been less than two (2) years since my license expired.
initial here

_____ I have never had a license suspended or revoked by a City of Columbus Contractor Board of Review.
initial here

 Full Name Date of Birth

 Home Address City/State/Zip Home Phone Number

Email Address for notification of permits issued under applicant's license: _____

Email Address for communication related to issuance of applicant's license: _____

PART II: ASSIGNMENT OF LICENSE TO BUSINESS CONCERN

By completing this section, the applicant confirms their association with the business concern as a legal full-time officer, proprietor, partner, or employee. The applicant will be actively engaged in and perform work only for the business concern listed below.

 Business Name Phone Number/Ext

 Address City/State/Zip

STATEMENT BY APPLICANT

I further certify that, to the best of my knowledge and belief, all statements made herein are complete and accurate. I understand that any false statements, later disclosed, may cause loss of my right of licensure, and may subject me to prosecution under Ohio Revised Code Section 2921.13.

 Signature of Applicant Print/Type Name Date
(sign in presence of notary or Building & Zoning Svcs. Official)

Sworn to before me and signed in my presence this _____ day of _____ in the year _____

 Notary Seal Here Signature of Notary Public or Building & Zoning Svcs. Official My Commission Expires