

Application to Waive Board Recertification

111 N Front Street, Columbus, Ohio 43215
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Type of License:

Demolition Contractor	General Sign Erector	Limited Sign Erector	Journeyman Plumber
Sewer Contractor	Water Contractor	Combination Sewer/Water Contractor	
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
(sign in presence of notary or Building & Zoning Svcs. Official)

Print/Type Name

Date

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