
INFORMATION FOR JOURNEYPERSON PLUMBER APPLICATION:

Section 4114 of the Columbus Code requires the following be presented in order to apply for Board approval of a contractor license.

- Journeyperson Plumber Application; Completed and notarized application must be submitted no later than seven (7) days prior to the board meeting. The tentative meeting schedule for the Plumbing Board is the 3rd Wednesday of every month.
- A copy of passing test results (score of 70% or higher) for the National Standard Journeyman Plumber – F25 must be attached to the complete license application. For testing information, please contact The International Code Council at (877) 783-3926 or www.iccsage.org/certification-exam-catalog/.

NOTE:

Please review all information and have your application notarized before filing for a license. If the application is not notarized, all documents will be returned without being processed. Applicant must possess the required experience as stated within this application.

Upon Board approval, the applicant will receive notification by certified mail with instructions on how to complete the remaining steps in the licensing process. Please do not come in for License processing until you have received approval notification by mail.

BOARD APPLICATION FEE

Non-Refundable \$185.00 filing fee

Payment may be made in person or by mail to:

Contractor Registration
City of Columbus
Department of Building and Zoning Services
111 N Front Street
Columbus, Ohio 43215

Checks are to be made payable to Columbus City Treasurer

For additional information, visit us online at <https://www.columbus.gov/bzs/contractor-licensing-and-registration/Contractor-Licensing-Registration/> or call our Customer Service Center at (614) 645-6090.

Columbus Building Code, Section 4114.505: Minimum experience qualifications for a Department issued license:

(E) Journeyperson Plumbers License. The minimum experience required for an applicant for a journeyperson plumber license shall be as follows:

- (1) Have a minimum of five (5) full years experience in the plumbing trade installing building services plumbing systems and apparatus including potable water systems; or, Completed a United States Department of Labor, Bureau of Apprenticeship Training (USDOL, BAT) certified plumbing apprenticeship program.
- (2) Satisfactorily complete and pass, with a grade of at least 70 percent, the written examination(s) as prescribed herein. The required examinations shall be administered by an approved testing agency as identified by the chief building official and approved by the appropriate board of review. After one year from the date that a passing score was achieved on any required examination for a department-issued license, the passing score for that examination or examinations shall become invalid unless an application for licensure has been made.

Journey person Plumber Application

111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-6090 • www.bzs.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Make checks payable to the Columbus City Treasurer

NOTE: For application requirements for ANY license or registration, refer to Columbus Building Code, Chapter 4114.

I, the undersigned, hereby apply for a Journey person Plumber License, in the City of Columbus, Ohio and for that purpose give the following information and answers to ALL of the questions contained in this application:

Full Name _____ Date of Birth _____

Home Address _____ City/State/Zip _____ Home Phone Number _____

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

Have you previously held this type of license with the City of Columbus? Yes No

If YES, provide the following if known: License Number: _____ Expiration Date: _____

Have you ever been summoned before any City of Columbus Contractor Board of Review for any type of violation hearing? Yes No

If YES, which board? _____ Date _____ Board Decision _____

WORK HISTORY

List your present employment, then follow with any previous employment that applies. Only the employment listed will be considered in determining eligibility of the applicant (attach additional sheets and/or resume if necessary):

Check here if additional sheets are attached

FROM (MO/DAY/YR)	TITLE OF YOUR PRESENT POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES/INSTALLATION EXPERIENCE			

FROM (MO/DAY/YR)	TITLE OF YOUR POSITION	EMPLOYER/ORGANIZATION	BUSINESS PHONE
TO (MO/DAY/YR)	MAILING ADDRESS		
NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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NAME AND TITLE OF IMMEDIATE SUPERVISOR		ARE YOU WORKING FOR THIS EMPLOYER NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		IF YES, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF DUTIES/INSTALLATION EXPERIENCE			

STATEMENT BY APPLICANT

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached 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 Services 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 Services Official

My Commission Expires

OFFICIAL USE ONLY

Board Action for Certification: Approved Disapproved Tabled Rejected for Eligibility Void Due to Time Limit

Board Member Initials: YES _____ | _____ | _____ | _____ | _____ | _____ | _____

NO _____ | _____ | _____ | _____ | _____ | _____ | _____

Signature of Board Chairman: _____ Review Date: _____

By (Secretary): _____ Date: _____