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## 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/](http://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 \$250.00 filing fee.

**If paying by check, make check payable to Columbus City Treasurer.**

Application may be submitted to:

[BZSLicensing@Columbus.gov](mailto:BZSLicensing@Columbus.gov) (you will receive an email containing a link to pay the fee online)

-OR-

City of Columbus - Department of Building & Zoning Services  
111 N Front Street  
Columbus, Ohio 43215

For additional information, contact the Customer Service Center at [bzslicensing@columbus.gov](mailto:bzslicensing@columbus.gov) or (614) 645-7433 or visit us online at [www.columbus.gov/bzs](http://www.columbus.gov/bzs).

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### 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.

# Journeyman 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 Journeyman 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?	YES    NO
		IF YES, MAY WE CONTACT THIS EMPLOYER?	YES    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?	YES    NO
		IF YES, MAY WE CONTACT THIS EMPLOYER?	YES    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?	YES NO
		IF YES, MAY WE CONTACT THIS EMPLOYER?	YES 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?	YES NO
		IF YES, MAY WE CONTACT THIS EMPLOYER?	YES 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: \_\_\_\_\_