INFORMATION FOR FIRE PROTECTION CONTRACTOR REGISTRATION

Section 4114 of the Columbus Code requires the following be presented in order to secure a contractor registration:

To work in the City of Columbus, contractors must have an active Individual Installer Registration, and an active Fire Protection Company Registration.

If the same individual will be applying for Company and Individual Installer registrations, only one application needs to be completed.

NOTE:

Individual name and company name must be listed identically on all documents. Please review all information and have your application notarized before filing for a registration.

FIRE PROTECTION COMPANY REQUIREMENTS:

- □ Ohio Division of State Fire Marshal Registration Application for the Company; completed and signed by the person chosen to be the responsible party for the company registration. This application must be notarized.
- □ A Bond in the amount of \$25,000. The enclosed bond form must be used. Specific information for bond completion may be found on the enclosed bond information sheet.
- □ A copy of the Company's current certificate with Ohio's Division of State Fire Marshal. A Columbus registration will be issued in the name of the business entity as it appears on the Ohio Division of State Fire Marshal certificate.

INDIVIDUAL INSTALLER REQUIREMENTS:

□ Ohio Division of State Fire Marshal Registration Application for the Individual; completed and signed by the certified installer certificate holder. This application must be notarized.

A copy of **both** sides of the Individual Installer's current certificate with Ohio's Division of State Fire Marshal.

REGISTRATION FEE

Under "REGISTRATION FEE" (we want to take out any mention of specific fees)

Information can be found in the Licensing and Registration Fees area of the Combined Development Related Fee Schedule.

The application may be submitted to:

BZSLicensing@Columbus.gov

-OR-

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

Fees can be paid with a payment card, check, or cash in our office. Checks should be made payable to Columbus City Treasurer. Applications received without payment will be setup for fees to be paid with a payment card or electronic check through our Citizen Access Portal (columbus.gov/ca). We do not accept payment by phone.

If you would like more details, please contact the Customer Service Center at BZSLicensing@Columbus.gov or (614) 645-7433.

For additional information, visit us online at https://new.columbus.gov/Business-Development/Business-Licenses-Resources/Contractor-Licenses



DEPARTMENT OF BUILDING AND ZONING SERVICES

Application No.:___

Official Use Only

Ohio Division of State Fire Marshal Contractor Registration Application

Phone: 614-645-7433 • Email: bzslicensing@columbus.gov • www.bzs.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Make checks payable to: Columbus City Tr			
Type of Registration:	Company	Individual (check categories below)	Date
Automatic Sprinkler & Standpipe Systems Fire Alarm & Detection Equipment		Pre-Engineered Extinguishing Equipment (OTW) Engineered Extinguishing Equipment (OTW)	
Fire Pumps		Fire Service Mains	

NOTE: Attach a copy of Ohio Division of State Fire Marshal certificate for registration(s) requested (company or individual installer). For application requirements for ANY license, refer to Columbus Building Code, Chapter 4114.

PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION

I, the undersigned, an Ohio Division of State Fire Marshal Certificate Holder, confirm that I am associated with the following business concern as a legal full-time officer, proprietor, partner, or employee. I will be actively engaged in and perform work only for the business concern listed below. I hereby apply for the selected Contractor Registration(s), 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
Business Name		
Business Address		City, State, Zip
Business Telephone Number/Ext.		
Email Address for notification of permits issued und	ler applicant's registr	ation:
Email Address for communication related to issuance	ce of applicant's regis	stration:
Have you previously held this type of registration wi	th the City of Columb	bus? Yes No
If YES, provide the following if known; Registration	Number:	Expiration Date:
Have you ever been summoned before any City of Co	olumbus Contractor I	Board of Review for any type of violation hearing? Yes N
If YES, which board?	Date	Board Decision
		ts made herein or attached are complete and accurate. I y right of registration, and may subject me to prosecution
Signature of Applicant (sign in presence of notary or Building & Zoning Services C	Print/Typ Official)	pe Name Date
Sworn to before me and signed in my presence this_	day of	, in the year
Notary Seal Here		
	Sign	nature of Notary Public or Building & Zoning Services Official

My Commission Expires