

## Application to Waive Board Recertification

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

**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 Fax Number

### 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