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

I, the undersigned, hereby apply for a Journeyperson 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

<table>
<thead>
<tr>
<th>FROM (MO/DAY/YR)</th>
<th>TITLE OF YOUR PRESENT POSITION</th>
<th>EMPLOYER/ORGANIZATION</th>
<th>BUSINESS PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO (MO/DAY/YR)</td>
<td>MAILING ADDRESS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ___________________________

<table>
<thead>
<tr>
<th>FROM (MO/DAY/YR)</th>
<th>TITLE OF YOUR POSITION</th>
<th>EMPLOYER/ORGANIZATION</th>
<th>BUSINESS PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TO (MO/DAY/YR)</td>
<td>MAILING ADDRESS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ___________________________

Incomplete information will result in the rejection of this submittal.
### 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: ___________________________