

ASSIGNMENT/AUTHORIZED SIGNER FORM

757 Carolyn Avenue, Columbus, Ohio 43224
Phone: 614-645-6090 • Fax: 614-645-0082 • www.bzs.columbus.gov

The following individual, having met the requirements for a contractor's license/registration, hereby requests that the license/registration be assigned to the business concern indicated.

The individual herein shall be associated with the business concern as a legal full-time officer, proprietor, partner, or employee. The individual will be actively engaged in and perform work only for the business concern to which his or her license/registration has been assigned. **Only persons listed on this form, with signatures attached, shall be authorized to sign permit applications.**

The following information shall be furnished and the following section shall be completed in full.

Licensee/registrant: **List yourself on the appropriate line. Have all authorized persons who sign permit applications sign on the line adjacent to their printed name.**

Full Name of Business (must be identical to name appearing on bond)

Telephone Number

Business Address

City, State, Zip

Fax Number

Email Address (list up to three)

Licensee/Registrant (Print or type name)

Signature

Home Address

City, State, Zip

Telephone Number

List up to five (5) individuals, other than licensee/registrant, who are authorized to sign for permits

1. Authorized Signer (Print or type name)

Signature

2. Authorized Signer (Print or type name)

Signature

3. Authorized Signer (Print or type name)

Signature

4. Authorized Signer (Print or type name)

Signature

5. Authorized Signer (Print or type name)

Signature

The following individual requests a Contractor license/registration be assigned to the above business, and hereby assigns the rights of that license/registration.

Type of Trade(s):

License/Registration Number (existing licenses/registrations)

Licensee/Registrant Signature
(must be signed in presence of notary or BZS Official)

Position Held In Company

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Signature of Notary Public or Building & Zoning Services Official

Notary Seal Here

My Commission Expires _____