

**GENERAL INFORMATION FOR FIRE PROTECTION
CONTRACTOR REGISTRATION**
for Ohio Division of State Fire Marshal Certificate Holders

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

ALL FEES ARE NON-REFUNDABLE • Please type or print all information

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

Note: Contractors must have an active Individual Installer Registration, and an active Fire Protection Company Registration, in order to work in the City of Columbus. If the same individual will be applying for Company and Individual Installer registrations, only one application needs to be completed.

Company name and/or individual name must be listed exactly the same on all documents.

FIRE PROTECTION COMPANY REQUIREMENTS:

- 1. An 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.
- 2. A Bond in the amount of \$25,000. THE ENCLOSED BOND FORM MUST BE USED.** Specific information for bond completion can be found on the enclosed bond information sheet.
- 3. A copy of the Company's current certificate with Ohio's Division of State Fire Marshal.**
- 4. Registration Fee: \$350.00**

INDIVIDUAL INSTALLER REQUIREMENTS:

- 1. An Ohio Division of State Fire Marshal Registration Application for the Individual Installer;** completed and signed by the certified installer certificate holder. This application must be notarized.
- 2. A copy of both sides of the Individual Installer's current certificate with Ohio's Division of State Fire Marshal. .**
- 3. Assignment/Authorized Signer Form** listing the name of the business exactly as it appears on the Fire Protection Company Annual Certificate. When completing the assignment form, a list of no more than six (6) full time employees of the business, **including the registrant**, may be provided. These individuals are **required to sign** the assignment form. Only persons whose signatures appear on the assignment form are authorized to sign permit applications.
- 4. Registration Fee:**
 - The **minimum INDIVIDUAL INSTALLER** registration fee is **\$350.00**.
 - **An additional \$75.00 will be required for each category of certification (in excess of one).**
 - **If both applications will be submitted at the same time for the same individual, the total fee due will be reduced by \$150.00. Please call 614-645-6090 for specific fee information.**

Payment may be made in person (9-4, Mon-Fri), or by mail to:

Contractor Registration
City of Columbus
Department of Building & Zoning Service
757 Carolyn Avenue
Columbus, Ohio 43224

Please make checks payable to: Columbus City Treasurer

If additional information is needed, please call the customer service center @ 614-645-6090. Forms and other information can be found at www.bzs.columbus.gov



Application No.: _____

Official Use Only

Ohio Division of State Fire Marshal Contractor Registration Application

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

ALL FEES ARE NON-REFUNDABLE • Make checks payable to: Columbus City Treasurer

Type of Registration:	Company	Individual (check categories below)	Date
Automatic Sprinkler & Standpipe Systems		Pre-Engineered Extinguishing Equipment (OTW)	Fire Pumps
Fire Alarm & Detection Equipment		Engineered Extinguishing Equipment (OTW)	
Household Fire Warning Equipment Only		Fire Service Mains	

PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION

I, the undersigned, an Ohio Division of State Fire Marshal Certificate Holder, 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 _____ Applicant's Position with Business/Company _____

Business Address _____ City, State, Zip _____

Home Address _____ City, State, Zip _____

Business Telephone Number/Ext. _____ Home Telephone Number _____ Fax Number _____

Email Address (List up to three). Inspection related notifications will be sent to the email address(es) provided here.

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 _____

Have you previously held an Ohio Division of State Fire Marshal Registration with the City of Columbus? Yes No
If YES, state previous City of Columbus registration number: _____

PART II: QUALIFICATION CERTIFICATE INFORMATION (complete fields associated to registration(s) being requested)

Fire Protection Company Certificate Number _____ Expiration Date _____

Fire Protection Individual Certificate Number _____ Expiration Date _____

PART III: 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 _____ Print/Type Name _____ Date _____
(sign in presence of notary or Building & Zoning Services 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 Services Official _____ My Commission Expires _____

Incomplete information will result in the rejection of this submittal. tmt 1/17

OFFICE USE ONLY: Registration Number: _____ Issued by: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE CONTRACTOR LICENSE / REGISTRATION BOND

NOTICE TO CONTRACTOR: Please give these instructions to your bonding company and or agent to ensure that all the information is correctly provided on the bond.

NOTICE TO BONDING COMPANY AND AGENT: Please follow the instructions below when completing this 'Contractor License / Registration Bond' form. We have provided a 'Sample' bond form for your convenience. Please refer to the 'Sample' for any questions you may have with regard to completing the bond form. Please also note the following:

- 1. Form:** Please use the bond form provided by the City of Columbus if this is a new License / Registration or if the bond is being submitted for the first time. In the case of a renewal for an existing License(s) / Registration(s) and corresponding bond, we will accept a Continuation Certificate.
- 2. Bond Number and Effective Date:** Please enter the Bond Number and the Effective Date of the bond on the lines provided.
- 3. Amount of Bond:** All 'Contractor License / Registration Bonds' are set at \$25,000.00. Please do not change this amount.
- 4. Individual Licensee / Registrant:** Please insert the name of the Individual who holds the License or Certificate as it appears on the License / Registration application.
- 5. Company Name:** If the contractor is doing business as a company or assigning its License / Registration to a business, then please insert the exact name of the business as it appears on the Contractor Renewal Form or OCILB License. If the contractor is conducting business as an individual, meaning, that a business or corporate name is not being used, then this line can be left blank. (Since contractors can do business under a variety of names, many will use more than one name. This bond must contain the exact full business name which the contractor will use when doing business with the City of Columbus. If the contractor is assigning its License / Registration to a business, then it must insert the exact full business name on this bond.)
- 6. Name of Bonding Company:** Please insert the complete name of the bonding company. Also, please note that the name of this Surety must also appear on the Power of Attorney which is to be attached.
- 7. Date and Signing of Bond:** Please enter the date in which the bond is being executed. It is important that this date be on or after the effective date in which the Power of Attorney is dated. If the Power of Attorney is dated after the date in which the bond is executed, then the bond will be considered invalid. Please print or type the name of the Individual who holds the License or Certificate, as indicated in No. 4 above. The Individual also needs to provide an original signature. Please print or type the name of the Surety, as indicated in No. 6 above. The bond must be signed by the Attorney-in-Fact. An electronic or facsimile signature of the Attorney-in-Fact is acceptable. Lastly, please provide the telephone number of the Attorney-in-Fact who can be contacted with any questions.
- 8. Surety Seal:** We will accept an electronic or facsimile seal. If the seal is not provided as required, then we will consider the bond to be invalid and will return it to the Licensee / Registrant.

When the bond form has been properly completed, please return it to the Licensee / Registrant. Do not return the bond form to our office. The Licensee / Registrant must complete additional paperwork and attach a Check in payment of the License / Registration fee. We require all of the paperwork to be submitted as a single submission.

QUESTIONS: If you have any questions regarding these instructions, please call the customer service center at (614) 645-6090.

CONTRACTOR LICENSE / REGISTRATION BOND FORM 1

Bond #: 2 Effective Date: 2

Amount: \$25,000.00 3

KNOW ALL MEN BY THESE PRESENTS:

That **(Insert Name of Individual Licensee / Registrant)** 4

of **(Insert Company Name)** 5

as Principal, and **(Insert Name of Bonding Company)** 6

as Surety, are held and firmly bound unto the City of Columbus, c/o City Treasurer, City Hall, 90 West Broad Street, Columbus, Ohio 43215, as Obligee, in the sum of **Twenty Five Thousand and no/100 Dollars (\$25,000.00)** to be paid to said Obligee, its successors and assigns, and for the payment thereof well and truly to be made, we, the Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

WHEREAS, the above Principal has or is about to apply to said Obligee for a License / Registration as a Contractor effective upon approval and expiring in accordance with the last name of the individual applicant as set out in the expiration schedule listed in the instructions for this form, pursuant to Chapter 33 or 41 of the Columbus City Codes, 1959, as applicable.

WHEREAS, the expiration date of this bond shall coincide with the expiration date of said License/Registration.

WHEREAS, the Principal, its agents and employees shall save the City of Columbus harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of care or skill on the applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such License / Registration, pursuant to Columbus City Code Chapter 33 or 41, as applicable.

NOW THEREFORE, if the License / Registration shall be issued to the Principal and the Principal, its agents and employees shall save the City of Columbus harmless from all loss and damage to persons or property of the City of Columbus and aforesaid, then this obligation shall be void; otherwise, the same shall remain in full force and effect.

IT IS FURTHER UNDERSTOOD AND AGREED that the Surety reserves the right to cancel this bond by giving thirty (30) days written notice to the Obligee c/o Director for the Department of Building and Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224 and, upon receipt of such cancellation notice, the Surety is relieved of any further liability. The Surety will be liable for loss accruing up to the effective date of said cancellation; but, in no event will the liability to the Surety exceed \$25,000.00

Signed this 7 day of 7, in the year 7.

LICENSEE / REGISTRANT: 7
(PRINT OR TYPE NAME)

By: 7
(SIGNATURE)

SURETY: 7
(PRINT OR TYPE NAME)

By: 7
(SIGNATURE)
Attorney-in-Fact

Telephone No. of Attorney-in-Fact for Surety 7

Place Surety Seal Here

8

NOTICE TO AGENT AND SURETY: Please refer to the Instructions on the other side of this bond form.

CONTRACTOR LICENSE / REGISTRATION BOND FORM

Bond #: _____ Effective Date: _____

Amount: **\$25,000.00**

KNOW ALL MEN BY THESE PRESENTS:

That **(Insert Name of Individual Licensee / Registrant)** _____

of **(Insert Company Name)** _____

as Principal, and **(Insert Name of Bonding Company)** _____

as Surety, are held and firmly bound unto the City of Columbus, c/o City Treasurer, City Hall, 90 West Broad Street, Columbus, Ohio 43215, as Obligee, in the sum of **Twenty Five Thousand and no/100 Dollars (\$25,000.00)** to be paid to said Obligee, its successors and assigns, and for the payment thereof well and truly to be made, we, the Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

WHEREAS, the above Principal has or is about to apply to said Obligee for a License / Registration as a Contractor effective upon approval and expiring in accordance with the last name of the individual applicant as set out in the expiration schedule listed in the instructions for this form, pursuant to Chapter 33 or 41 of the Columbus City Codes, 1959, as applicable.

WHEREAS, the expiration date of this bond shall coincide with the expiration date of said License/Registration.

WHEREAS, the Principal, its agents and employees shall save the City of Columbus harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of care or skill on the applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such License / Registration, pursuant to Columbus City Code Chapter 33 or 41, as applicable.

NOW THEREFORE, if the License / Registration shall be issued to the Principal and the Principal, its agents and employees shall save the City of Columbus harmless from all loss and damage to persons or property of the City of Columbus and aforesaid, then this obligation shall be void; otherwise, the same shall remain in full force and effect.

IT IS FURTHER UNDERSTOOD AND AGREED that the Surety reserves the right to cancel this bond by giving thirty (30) days written notice to the Obligee c/o Director for the Department of Building and Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224 and, upon receipt of such cancellation notice, the Surety is relieved of any further liability. The Surety will be liable for loss accruing up to the effective date of said cancellation; but, in no event will the liability to the Surety exceed \$25,000.00

Signed this _____ day of _____, in the year _____.

LICENSEE / REGISTRANT: _____ By: _____
(PRINT OR TYPE NAME) (SIGNATURE)

SURETY: _____ By: _____
(PRINT OR TYPE NAME) (SIGNATURE)
Attorney-in-Fact

Telephone No. of Attorney-in-Fact for Surety _____

Place Surety Seal Here

NOTICE TO AGENT AND SURETY: Please refer to the Instructions on the other side of this bond form.

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 _____