Application Number: _____

Official Use Only

Application to Waive Board Recertification

Address: 111 N Front Street, Columbus, Ohio 43215
Phone: 614-645-7433
Email: bzslicensing@columbus.gov
Website: www.columbus.gov/bzs

THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
DEPARTMENT OF BUILDING AND ZONING SERVICES

Type of License:

☐ Demolition Contractor ☐ General Sign Erector ☐ Limited Sign Erector

☐ Sewer/Water Contractor ☐ Sewer Contractor ☐ Water Contractor

☐ Journeyperson Plumber ☐ Home Improvement General Contractor

☐ Home Improvement Limited Contractor (specify): _____

☐ Special Inspector (specify): _____

PART I: QUALIFICATION CERTIFICATE HOLDER INFORMATION

To waive the board recertification process, you must meet all the following statements.

1. I have previously held this type of license with the City of Columbus ☐ Yes ☐ No
2. It has been less than two (2) years since my license expired. ☐ Yes ☐ No
3. I have never had a license suspended or revoked by a City of Columbus Contractor Board of Review. ☐ Yes ☐ No

Full Name: _____

Street Address, City, State, Zip: _____

Phone Number: _____

Email Address for notification of permits issued under applicant's license or registration:

_____

Email Address for communication related to issuance of applicant's license or registration:

_____

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: _____

Street Address, City, State, Zip: _____

Phone Number: _____

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 license or registration and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Print Name: _____ Date: _____

Signature of Applicant: _____

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

Notary Seal here

_____

Signature of Notary Public or Building and Zoning Services Official