

Change of Assignment Application

Address: 111 N Front Street, Columbus, Ohio 43215

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DEPARTMENT OF BUILDING
AND ZONING SERVICES

Board approval is required to change company assignment more than once within a 90-day period or 4 times within a 12-month period. A board application fee will be required for all applications that require board approval.

Full Name: _____

License or Registration 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:

Current Company Assignment: _____

I, (licensee or registrant's name) _____, holder of the above license or registration, do hereby request this license or registration and the authority to apply for a permit and perform the work associated with it be removed from the assigned company above. I further request that the license or registration and the authority vested herein be transferred as indicated below. I am attaching the necessary bond and certificate of liability insurance documentation reflecting the change.

- ☐ Issue my license or registration in my own name
- ☐ Assign my license or registration to the company listed below. By completing this section, I confirm my association with the following company as a legal full-time officer, proprietor, partner, or employee. I will be actively engaged in and perform work only for the business concern listed below.

Company Name: _____ Phone: _____

Street Address, City, State, Zip: _____

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 & Zoning Services Official

OFFICIAL USE ONLY

Board Action for Certification: ☐ Approved ☐ Disapproved

Board Member Initials:

YES _____ | _____ | _____ | _____ | _____ | _____ | _____

Date: _____

NO _____ | _____ | _____ | _____ | _____ | _____ | _____

Date: _____

Signature of Board Chairman: _____ Review Date: _____

By (Secretary): _____ Date: _____