City of Columbus
Department of Public Utilities
Utility Contractor Pre-Approval Application

Type of Authorization Applied for (check only one):

Water Contractor Only ☐

Sewer Contractor Only ☐

Water & Sewer Contractor ☐

Name of Applicant: _____
(LAST) (FIRST) (MI)

Home Address: _____
(STREET) (CITY) (STATE) (ZIP)

Date of Birth: _____ **Phone #:** _____
(MO) (DAY) (YEAR)

ATTACH COPY OF PHOTO I.D. TO THIS APPLICATION **(Application will be returned if photo I.D. is not provided)**

Current Employer: _____ **Phone #:** _____

Employer Address: _____
(STREET) (CITY) (STATE) (ZIP)

Do you hold or have you ever held any of the above authorization/licenses with any Municipality? **Yes** ☐ **No** ☐

If yes, what municipality, what type and what years?
(attach additional sheet if needed to provide all information) _____

Has any of the previous authorizations/licenses ever been suspended or revoked? **Yes** ☐ **No** ☐

If yes, please explain?
(attach additional sheet if needed to provide all information) _____

Have you ever been convicted of a felony? **Yes** ☐ **No** ☐

List your work experience for each of the licenses applied in accordance with City Code 4414.505. Omit temporary employment. Application needs to be complete and accurate. ***ATTACH ADDITIONAL SHEET IF NEEDED TO PROVIDE ALL INFORMATION.***

Name of Employer	Contact Name	Phone Number	Approximate Start & End Dates	Description of Work/Duties

I do hereby certify that I am familiar with the Codes and Specification requirements of Columbus City Code 4414.505 and the above information is correct to the best of my knowledge.

Signature of Applicant: _____ **Date:** _____

DO NOT WRITE BELOW THIS LINE – CITY OF COLUMBUS USE ONLY

Department Committee Approval **Yes** ☐ **No** ☐

Signature: _____
Review Committee Board Member