INFORMATION FOR FIRE PROTECTION CONTRACTOR REGISTRATION

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

To work in the City of Columbus, contractors must have an active Individual Installer Registration, and an active Fire Protection Company Registration.

If the same individual will be applying for Company and Individual Installer registrations, only one application needs to be completed.

NOTE:

Individual name and company name must be listed identically on all documents. Please review all information and have your application notarized before filing for a registration. If the application is not notarized, all documents will be returned without being processed.

FIRE PROTECTION COMPANY REQUIREMENTS:

☐ 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.					
☐ A Bond in the amount of \$25,000. The enclosed bond form must be used. Specific information for bond completion may be found on the enclosed bond information sheet.					
☐ A copy of the Company's current certificate with Ohio's Division of State Fire Marshal. A Columbus registration will be issued in the name of the business entity as it appears on the Ohio Division of State Fire Marshal certificate.					
INDIVIDUAL INSTALLER REQUIREMENTS:					
☐ Ohio Division of State Fire Marshal Registration Application for the Individual; completed and signed by the certified installer certificate holder. This application must be notarized.					
☐ A copy of both sides of the Individual Installer's current certificate with Ohio's Division of State Fire Marshal. A copy of the Company's current certificate with Ohio's Division of State Fire Marshal.					

REGISTRATION FEE

Option A: Company or Individual Installer Registration Only: Non-refundable \$350.00 registration fee.

Option B: **Company Registration and Individual Installer Registration (same individual):** Non-refundable \$550.00 registration fee.

Individuals who currently hold an active license or registration with the Department of Building & Zoning Services may be eligible for a reduced registration fee of \$200.00. If you are unsure if you qualify for the reduced fee, or you would like more details, please contact the Customer Service Center at bzslicensing@columbus.gov or (614) 645-7433. **If paying by check, make check payable to Columbus City Treasurer.**

Application may be submitted to:

BZSLicensing@Columbus.gov (you will receive an email containing a link to pay the fee online)

-OR-

City of Columbus - Department of Building & Zoning Services 111 N Front Street Columbus, Ohio 43215

For additional information, visit us online at https://www.columbus.gov/bzs/contractor-licensing-and-registration/Contractor-Licensing-Registration/



AND ZONING SERVICES

Application No.:____

Official Use Only

Ohio Division of State Fire Marshal Contractor Registration Application 111 N Front Street, Columbus, Ohio 43215

Phone: 614-645-7433 • Email: bzslicensing@columbus.gov • www.bzs.columbus.gov

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

Type of Registration:	Company	Individual (check categories belov	v) Date	
Automatic Sprinkler & Standpipe Systems Fire Alarm & Detection Equipment Fire Pumps		Engineere	Pre-Engineered Extinguishing Equipment (OTW) Engineered Extinguishing Equipment (OTW) Fire Service Mains		
NOTE: Attach a copy of Ohio For application requirements f					individual installer).
PART I: QUALIFICATION I, the undersigned, an Ohio Di concern as a legal full-time officoncern listed below. I hereby the following information and	vision of State Fire I cer, proprietor, part apply for the selecte	Marshal Certifica ner, or employed d Contractor Re	te Holder, confirm that e. I will be actively eng gistration(s), in the Ci	aged in and perform wor ty of Columbus, Ohio, and	k only for the business
Full Name				Date of Birth	
Business Name					
Business Address				City, State, Zip	
Home Address				City, State, Zip	
Business Telephone Number/I	Ext. Hon	ne Telephone Nu	ımber		
Email Address for notification	of permits issued ur	nder applicant's	registration:		
Email Address for communica	tion related to issua	nce of applicant'	s registration:		
Have you previously held this	type of registration v	with the City of C	Columbus? Yes	No	
If YES, provide the following it	known; Registratio	n Number:		Expiration Date:	
Have you ever been summoned	d before any City of	Columbus Contr	actor Board of Review	for any type of violation	hearing? Yes No
If YES, which board?		Date	Board	Decision	
PART II: STATEMENT BY I hereby certify that, to the bes understand that any false state under Ohio Revised Code Sect	t of my knowledge a ements later disclose				
Signature of Applicant (sign in presence of notary or Build	ding & Zoning Services	Print Official)	nt/Type Name		Date
Sworn to before me and signed Notary Seal Here	l in my presence this	sday of_		, in the year	
			Signature of Notary	Public or Building & Zon	ing Services Official

My Commission Expires

INSTRUCTIONS FOR COMPLETING THE CONTRACTOR LICENSE/ REGISTRATION BOND AS REQUIRED BY COLUMBUS CITY CODE SECTION 4114.515

NOTICE TO CONTRACTOR: Please give these instructions to your bonding company 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. Guidelines showing the correct way to complete the bond form have been provided for your convenience. Please refer to the Guidelines 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 / Registration 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 Registration as it appears on the License / Registration application.
- 5. Company Name: If the contractor is doing business as a company or assigning the License / Registration to a business, then please insert the exact name of the business as it appears on the Contractor Application, 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.
- **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 (not the name of the business) 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 contact our Customer Service Center at (614) 645-7433 or bzslicensing@columbus.gov.

City of Columbus / Department of Building and Zoning Services / 111 N Front Street, Columbus, Ohio 43215

GUIDELINES

CONTRACTOR LICENS	SE / 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		
gee, in the sum of Twenty F thereof well and truly to be a and assigns firmly by these p	ive Thousand and no/100 Dollars (\$25,000.00) to be paid to made, we, the Principal and Surety, jointly and severally bin presents. The conditions of the above obligation are such that			
	cipal has or is about to apply to said Obligee for a License / elfth month from the date of issuance, pursuant to Chapter 3			
WHEREAS, the expiration of	date of this bond shall coincide with the expiration date of s	aid License/Registration.		
may be occasioned in any w		rmless from all loss and damage to persons or property which s part, in the prosecution of the work contracted, performed, le Chapter 33 or 41, as applicable.		
		e Principal, its agents and employees shall save the City of mbus and aforesaid, then this obligation shall be void; other-		
the Obligee c/o Director for cancellation notice, the Sure		cancel this bond by giving thirty (30) days written notice to out Street, Columbus, Ohio 43215 and, upon receipt of such ale for loss accruing up to the effective date of said cancella-		
Signed this7	day of	'·		
LICENSEE / REGISTRA	ANT: 4 (PRINT OR TYPE NAME)	By:7		
SURETY:	(PRINT OR TYPE NAME)	By: 7 (SIGNATURE OF ATTORNEY-IN-FACT)		
Place Surety Seal Here	Telephone No. of Attorney-in-Fact for Sure	ety7		

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

City of Columbus / Departm	ent of Building and Zoning Services / 1	11 N Front Street, Columbus, Ohio 43215
CONTRACTOR LICENSE / REC	GISTRATION BOND FORM	
Bond #:	Effective Date:	
Amount: \$25,000.00		
KNOW ALL MEN BY THESE	PRESENTS:	
That (Insert Name o	f Individual Licensee / Registrant)	
of (Insert Compar	ny Name)	
as Principal, and (Insert Name of	Bonding Company)	
43215, as Obligee, in the sum of Tassigns, and for the payment there	Wenty Five Thousand and no/100 Dollars (\$25 of well and truly to be made, we, the Principal	er, City Hall, 90 West Broad Street, Columbus, Ohio ,000.00) to be paid to said Obligee, its successors and and Surety, jointly and severally bind ourselves, our The conditions of the above obligation are such that:
		cense / Registration as a Contractor effective upon pursuant to Chapter 33 or 41 of the Columbus City
WHEREAS, the expiration date or	f this bond shall coincide with the expiration da	ate of said License/Registration.
property which may be occasioned	d in any way, by accident or the want of care or	abus harmless from all loss and damage to persons or skill on the applicant's part, in the prosecution of the cion, pursuant to Columbus City Code Chapter 33 or
save the City of Columbus harmle		and the Principal, its agents and employees shall erty of the City of Columbus and aforesaid, then this
written notice to the Obligee c/o E 43215 and, upon receipt of such ca	Director for the Department of Building and Zon	ght to cancel this bond by giving thirty (30) days ning Services, 111 N Front Street, Columbus, Ohio further liability. The Surety will be liable for loss bility to the Surety exceed \$25,000.00
Signed this day of	, in the year	
LICENSEE / REGISTRANT:	(PRINT OR TYPE NAME)	By:(SIGNATURE)
SURETY:	(PRINT OR TYPE NAME)	By: (SIGNATURE OF ATTORNEY-IN-FACT)
Place Surety Seal Here	Telephone No. of Attorney-in-Fact for Surety	