



Board of Building Standards

6606 Tussing Road • P.O. Box 4009
Reynoldsburg, OH 43068-9009
(614) 644-2613 FAX (614) 644-3147
dic.bbs@com.state.oh.us
www.com.state.oh.us/dic/dicbbs.htm

Ted Strickland
Governor

Gerald O. Holland
Chairman

Residential Building Department Personnel Application

Ohio Residential Building Department personnel applicants shall possess the required experience pursuant to rule 4101:8-1-03 of the Administrative Code and shall pass examinations administered either by a testing agency or model code agency. Refer to attached examination requirements matrix.

Upon receipt, applications will be forwarded to the Residential Construction Advisory Committee for review at its next scheduled meeting. The Committee will evaluate the qualifications of each applicant and make recommendations to the Board.

Applicants should contact either:

ICC @ International Code Council, National Certification Services, 900 Montclair Road, Birmingham, AL 35213, (887) 783-3926, www.iccsafe.org; or

NCPCCI @ Thompson Prometric, 1360 Energy Park Drive, St. Paul, MN 55108, (800) 864-5309, www.experioronline.com.

Please complete the enclosed application, resume form, and Notary Affidavit for the above application and **return the original and five copies** to the BBS. A NON-REFUNDABLE FEE OF THIRTY DOLLARS (\$30.00) MUST ACCOMPANY the application for each certification. The nonrefundable remittance shall be made payable to the Treasurer, State of Ohio/BBS.

If you have any questions, please feel free to contact this office at 614/644-2613.

Very truly yours,
BOARD OF BUILDING STANDARDS

Billy J. Phillips
Executive Secretary

Enclosure

APPLICATION

FOR CERTIFICATION OF RESIDENTIAL BUILDING DEPARTMENT PERSONNEL

This application is hereby submitted to the Board of Building Standards pursuant to the provisions of Section 3781.10 of the Ohio Revised and Section 301 of the Residential Code of Ohio.



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(614) 644-2613 Fax: (614) 644-3147 FaxBack: (614) 728-1244
www.dic.bbs@com.state.oh.us

1. APPLICANT:

Name: _____

Home Address: _____

City: _____ Zip: _____

County: _____

Telephone: _____

E-mail: _____

Department/Firm: _____

2. SPECIFIC CERTIFICATE(S) BEING REQUESTED: (Please check appropriate box for certification being sought.)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Res. Building Official | <input type="checkbox"/> Res. Plans Examiner | <input type="checkbox"/> Res. Building Inspector | <input type="checkbox"/> Res. Plumbing Insp. |
| <input type="checkbox"/> Interim Bldg. Official | <input type="checkbox"/> Res. Plns. Ex. Trainee | <input type="checkbox"/> Res. Bldg. Insp. Trainee | <input type="checkbox"/> Res. Plbg. Insp. Trainee |
| | <input type="checkbox"/> Interim Plns. Examiner | <input type="checkbox"/> Interim Bldg. Inspector | <input type="checkbox"/> Interim Plbg. Insp. |
| | | <input type="checkbox"/> Res. IU Inspector | <input type="checkbox"/> Res. Mechanical Insp. |
| | | | <input type="checkbox"/> Res. Mech. Insp. Trainee |
| | | | <input type="checkbox"/> Interim Res. Mech. Insp. |

3. LIST ANY OHIO LICENSE, CERTIFICATE, OR REGISTRATION: (mark "T" if trainee):

Description	Certificate Number	Date Received
Architectural Registration		
P.E. Registration		
Building Official Cert.		
Master Plans Examiner Cert.		
Building Inspector Cert.		
Electrical Plans Examiner Cert.		
Plumbing Plans Examiner Cert.		
Fire Protection Inspector Cert.		
Mechanical Inspector Cert.		
Electrical Safety Inspector Cert.		
Plumbing Inspector Cert.		
Fire Safety Inspector Cert.		
Fire Protection Sys. Designer Cert.		
Medical Gas Piping Inspector		
Other Certifications/Licenses		

4. EMPLOYMENT/EDUCATION: In the space below list Certified Res./ Non-Res. Building Department(s) by which applicant is employed.

a. Formal Education:	Date Graduated
b. Related Vocational or Related Technical Training:	Years Experience
c. OBC Building Code Experience (certified OBC enforcement/administration, etc.)	Years Experience
d. Place of Employment	Years Employed
Firm	
Building Department	



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5. APPLICANTS REQUESTING RESIDENTIAL BUILDING OFFICIAL, PLANS EXAMINER, OR INSPECTOR CERTIFICATIONS:
 Attach proof of completion examinations by one of the testing agencies approved by the Board of Building Standards.

6. BUILDING INSPECTION EXPERIENCE PERFORMED FOR BBS CERTIFIED RES/NON RES. BUILDING DEPARTMENT:

BBS Certified Res/ Non-Res Bldg. Dept.	BBS Certified Position/Title	Types of Inspections Performed (Bldg., Electrical, Plumbing, HVAC)	Date of Service & Length of Time (MM/DD/YY)

7. EXPERIENCE : Refer to Experience Requirements Listed in 4101:8-1-03 OAC and 3781 ORC (DO NOT SUBSTITUTE WITH OTHER RESUMES). State the specific duties and type of work performed for each position listed. Give only information which relates directly to the information you provide. Provide letters from certified inspectors, employers, or contractors verifying your experience. Submit copies of any certificates, diplomas, or licenses received.

List Each Construction Project <u>AND</u> Specific Type of Work Performed	OBC Group (if App.)	Name of Employer, Address, Telephone Number	Project Time: From_To_ (MM/DD/YY)

TOTAL EXPERIENCE ON THIS PAGE (IN MONTHS):



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7. EXPERIENCE (CONT.): Refer to Experience Requirements Listed in 4101:8-1-03 OAC and 3781 ORC (DO NOT SUBSTITUTE WITH OTHER RESUMES). State the specific duties and type of work performed for each position listed. Give only information which relates directly to the information you provide. Provide letters from certified inspectors, employers, or contractors verifying your experience. Submit copies of any certificates, diplomas, or licenses received.

List Each Construction Project <u>AND</u> Specific Type of Work Performed	OBC Group (if App.)	Name of Employer, Address, Telephone Number	Project Time: From_To_ (MM/DD/YY)
TOTAL EXPERIENCE ON THIS PAGE (IN MONTHS):			

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8. OFFENSES:

Have you ever been convicted of any felony or crime involving moral turpitude? YES NO
If you answered "Yes" above, please explain below:

9. CERTIFICATION:

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding colleges or universities that I have attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Board of Building Standards. Falsification is a violation of section 2921.13 of the Ohio Revised Code and is punishable as a misdemeanor of the first degree.

SIGNATURE OF APPLICANT: _____

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day
of _____ in the year _____ at _____, County of _____
and State of _____.

SEAL

Notary Public _____

NOTE: This document is a public record. Except for information that is provided by state or federal law, information you provide on this application or on any documents submitted with this application, is subject to public disclosure upon request.