



Department of Commerce

Division of Industrial Compliance & Labor

John Kasich, Governor
David Goodman, Director

Check: _____
Date: _____

KENTUCKY RECIPROCITY APPLICATION

Type of License Applying For: ___EL ___HV ___RE

****NOTE** IN ORDER TO RECIPROCATATE WITH OHIO FOR AN ELECTRICAL LICENSE, THE APPLICANT MUST HOLD A KENTUCKY MASTER ELECTRICIANS LICENSE AND CONTRACTORS LICENSE.**

Full Name: _____
First Last M.I.

Street Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Home Phone (____) ____ - ____ Work Phone (____) ____ - ____ Date of Birth: ____/____/____

Please indicate the company name and your position, exactly as you want it to read on the license.

Company Name: _____ Position: _____

Company Address: _____ Phone #: (____) ____ - ____

Your Kentucky Contractor License Number: _____ Expiration Date: _____

****You must provide proof of current contractor's liability insurance, including without limit, complete operations coverage, in the amount of at least five hundred thousand dollars.****

Have you ever been convicted of a felony? Yes ___ No ___

Are you a US Citizen? Yes ___ No ___ or Are you a Legal Alien? Yes ___ No ___

I solemnly swear or affirm the information I have supplied on this application is complete and true to the best of my knowledge.

Signature: _____ Print Full Name: _____

THIS APPLICATION MUST BE PROPERLY NOTARIZED

Subscribed and duly sworn before me according to law, by the above named applicant:

This _____ day of _____, 20 ____ in the County of _____

State of _____ Signature of Notary Public

Nonrefundable Application fee: **\$25.00 (per license)**
Payable to: **Treasurer State of Ohio**

Mail To: **Ohio Construction Industry Licensing Board**
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009

For Board Use Only

APPROVED: _____

DENIED: _____



STATE ISSUED LICENSE

In accordance with section 2909.32 (2)(a) of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields: LAST NAME, FIRST NAME, MI, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, WORK PHONE

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

Form with fields: BUSINESS/ORGANIZATION NAME, PHONE, BUSINESS ADDRESS, CITY, STATE, ZIP, COUNTY

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE