



# Department of Commerce

Division of Industrial Compliance & Labor

John Kasich, Governor  
David Goodman, Director

## LOUISIANA RECIPROCITY APPLICATION

Check: _____
Date: _____

Type of License Applying For: \_\_\_EL \_\_\_HV \_\_\_RE \_\_\_HY

Full Name: \_\_\_\_\_

First Last M.I.

Street Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If this license should be assigned under a company name, indicate the company name and your position, exactly as you want it to read on the license.**

Company Name: \_\_\_\_\_ Your Position: \_\_\_\_\_

Company Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Your Louisiana License(s) Number(s): \_\_\_\_\_ 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: <b>\$25.00 (per license)</b> Payable to: <b>Treasurer State of Ohio</b>
Mail To: <b>Ohio Construction Industry Licensing Board</b> <b>6606 Tussing Road, P.O. Box 4009</b> <b>Reynoldsburg, Ohio 43068-9009</b>

<b><u>For Board Use Only</u></b>
<b>APPROVED:</b> _____
<b>DENIED:</b> _____



### 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.

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

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.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- 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?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

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