

APPLICATION

FOR
ALL CERTIFICATION RENEWALS



Board of Building Standards

6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009
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www.com.ohio.gov/dico/BBS.aspx

I hereby make application for Certification Renewal and understand that renewal applications are to be completed and returned to the Board of Building Standards at least 30 days prior to the expiration date of current certification, and all requirements for renewal met pursuant to rules 4101:1-1-01 and 4101:8-1-01 of the Ohio Administrative Code.

1. APPLICANT PERSONNEL I.D./CERT. # _____

Name: _____

Home Address: _____

City: _____ State: _____

County: _____ Zip: _____

Telephone: _____ Expir. Date: _____

E-Mail Address: _____

2a. SPECIFIC NON-RESIDENTIAL CERTIFICATE(S) BEING RENEWED: (Please check boxes for each certificate being renewed.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Official	Master Plan Examiner	Electrical Plan Examiner	Plumbing Plan Examiner	Building Inspector	Fire Protection Inspector	Mechanical Inspector	Electrical Safety Inspector	Commercial I.U. Inspector	Plumbing Inspector	Medical Gas Inspector	

2b. SPECIFIC RESIDENTIAL CERTIFICATE(S) BEING RENEWED: (Please check boxes for each certificate being renewed.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Res. Bldg. Official	Res. Plan Examiner	Res. Bldg. Inspector	Res. Mechanical Inspector	Res. Plumbing Inspector	Res. I.U. Inspector

3. RENEWAL FEE: Make Check/Money Order Payable To: **TREASURER – STATE OF OHIO/BBS**

Renewal Fee MUST Be Attached: \$30.00 per **each** certificate to be renewed.

Number of Certificates Being Renewed: X **\$30.00 for each renewal** = TOTAL ENCLOSED

4. CONTINUING EDUCATION: NUMBER OF HOURS ATTACHED:

Documentation of 30 hours of continuing education courses (**to include Board-sponsored required classes**) MUST be completed and attached before application is made for renewal.

5. EMPLOYMENT INFORMATION – In the space below list the Certified Building Department(s) by which applicant is employed.

Building Department	Contract Employee		Position
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

6. I affirm that the information that I have provided in this application for certification renewal is complete and true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____ DATE: _____