



Department of Commerce

Division of Industrial Compliance
John R. Kasich, Governor
Jacqueline T. Williams, Director

Check: _____
Date: _____

LOUISIANA RECIPROCITY APPLICATION

Type of License Applying For: _____ Electrical _____ HVAC _____ Refrigeration _____ Hydronics

****NOTE** IN ORDER TO RECIPROCATATE INTO OHIO FOR ANY TRADE LISTED ABOVE, THE APPLICANT MUST CURRENTLY HOLD A **LOUISIANA UNLIMITED ELECTRICAL LICENSE OR MECHANICAL LICENSE** and had tested with Louisiana to obtain them. (if you obtained the Louisiana license via Grandfathering or Reciprocity you are not permitted to reciprocate into Ohio – you MUST apply to take the Ohio Exam.)**

Full Name: _____
First Last M.I.

Street Address _____ City: _____

State: _____ Zip: _____ e-mail _____

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

If approved, this license MUST be assigned to a company
Indicate the Company Name and your position, exactly as it should read on the license.

Company Name: _____

Company mailing Address: _____

Phone #: (_____) ____ - _____ Your Job Title (circle one): Full Time Officer Proprietor Partner Employee

Your Louisiana License(s) Number(s): _____ Expiration Date: _____

You must provide a copy of your Employers "Certificate of 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: _____