



Department of Commerce

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

Check: _____
Date: _____

SOUTH CAROLINA RECIPROCITY APPLICATION

Type of License Applying For: ___EL ___HV ___PL (one trade per application)

****NOTE** IN ORDER TO RECIPROCATATE INTO OHIO FOR ANY TRADE LISTED ABOVE, THE APPLICANT MUST CURRENTLY HOLD A **SOUTH CAROLINA LICENSE** and had tested with South Carolina to obtain them. (if you obtained the South Carolina license via Grandfathering or Reciprocity you are not permitted to reciprocate into Ohio – you MUST apply to take the Ohio Exam.) ****Those approved to Reciprocate will be required to take the Ohio Business and Law Exam.****

Full Name: _____
First Last M.I.

Street Address _____ City: _____

State: _____ Zip: _____ E-mail _____

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

South Carolina License(s) #: _____ Expiration Date: _____

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 ___

NOTE: If approved and issued; you MUST assign your license to a “Contracting Company” as defined by ORC 4740.01. Please indicate the contracting company name and your job title below

Contracting Company Name: _____

Company Mailing Address: _____

Phone #: (____) ____-____ Your Position/Title (circle one): Owner Employee Partner

****You must provide: a current Certificate of Liability Insurance form, including without limit, complete operations coverage, in the amount of at least five hundred thousand dollars.**

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 trade)**
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: _____