

The Ohio Construction Industry Licensing Board (OCILB), issues state licenses to Electrical, HVAC, Refrigeration, Plumbing, and Hydronics Contractors who perform commercial work.

Applicants must:

- be at least 18 years of age
- be a U.S. citizen or a legal alien (must provide proof)
- have been a tradesperson in the type of licensed trade for which the application is filed for not less than five years immediately prior to the date of application. Provide proof of working under a licensed contractor on projects that required a permit during those five years. **You must attach at least one permit for each of the last five years and provide the license number of the contractor you worked under.** Permits are public record and can be obtained from the local building department.

(Be advised that sewer service, water service, gas service and drain cleaning **DO NOT** apply).

- or currently be a registered engineer in Ohio with three years of business experience in the construction industry in the trade for which you are applying
- never have been convicted of a disqualifying offense as defined in S.B. 337
- attach W-2's (please cross out social security number)

OCCUPATIONAL LICENSING PROCESS FOR VETERANS

Complete entire application as instructed above. Be sure to complete **Question (11)**; include all hands-on work experience and inclusive dates. **You MUST Attach your DD214 (training records)**. You may also attach any documents that support your experience and training in the trade you are applying for such as: training certificates, job evaluation reports, joint transcript, and /or a letter from your Commanding Officer.

Your application will be reviewed by the Board to determine eligibility to sit for the examination. You will be notified by mail of the results of the Board review results. ONCE YOU HAVE BEEN APPROVED (valid for one year) BY THE BOARD, YOU ARE REQUIRED TO OBTAIN A BCI and FBI BACKGROUND CHECK **PRIOR TO SITTING FOR THE EXAMINATION**. Approved candidates will be provided with a PSI Candidate Information Bulletin. The Bulletin will contain detailed instructions on how to schedule your exam(s). All licensure exams are computer based testing by appointment at sites throughout Ohio & the U.S. Individuals who take the examination will receive a notice advising them of their examination pass/fail status at the completion of the exam. Those who pass both sections of the exam can receive a state license by sending a copy of the examination results, a \$25 check made payable to "Treasurer, State of Ohio", and proof of at least \$500,000 contractor liability insurance "Certificate of Liability Insurance". Your liability insurance AND license must be assigned to a "contracting company" as defined in Ohio Revised Code 4740.01 Section C.

OHIO CONSTRUCTION INDUSTRY LICENSING BOARD—EXAMINATION APPLICATION**MUST TYPE OR PRINT CLEARLY**1. Type of examination applied for: CHECK ONLY ONE

Hydronics Electrical HVAC
 Plumbing Refrigeration

2. Full Name _____
First Last M.I.

3. Street Address _____

City _____ State _____

ZIP _____ County _____

4. Are you a U.S. citizen? Y N Date of Birth ____/____/____
OR

5. Are you a legal alien? Y N (if yes, provide documentation)

6. Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

7. E-Mail Address _____

8. Have you ever been convicted of a felony? ____ Yes ____ No
If yes: Date of Conviction: ____/____/____

Ohio County of conviction: _____

Offense: _____

9. **NOTE:** If approved and issued; you **MUST** assign your license to a
Contracting Company, indicate the Contracting Company name & your position.

Contracting Company Name _____

Your Current Position/Title: ____ Owner ____ Employee ____ Partner

If you are the owner, are you paying your employees by W-2? ____ Yes ____ No

Be very specific in nature of duties**** NOTE** You MUST indicate to the Board that you have worked the last five years as a Tradesperson, working under a licensed Contractor, performing permitable work, and be able to prove it.**

Attach a minimum of 1 permit for each of the last 5 years the licensed contractor (your employer) obtained, and that you worked under. (Permits are public record and can be obtained from the Building Department).

Attach copies of your W-2's for the past 5 years, working as an Employee for the licensed Contractor.

- NOTE: sewer service, water service, gas service and drain cleaning permits DO NOT apply.**

Application Fee: **\$25.00**

Make check payable to:

TREASURER-STATE OF OHIO

Mail to:

**Division of Industrial Compliance
Ohio Construction Industry Licensing Board
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009**

Check # _____

Date _____

FOR OFFICE USE ONLY

Application is:

Approved _____
Board Member InitialsDenied _____
Board Member InitialsAdditional information needed:

10. List below your employment history, beginning with the most recent. Attach additional sheets if necessary.

EMPLOYER'S NAME <u>AND</u> ADDRESS	Contractor License # you worked under.	PHONE NUMBER	DATES OF EMPLOYMENT	PLEASE CIRCLE ONE	TITLE OF POSITION
			/ / to / /	FULL OR PART-TIME	

Nature of Duties: _____

EMPLOYER'S NAME <u>AND</u> ADDRESS	Contractor License # you worked under.	PHONE NUMBER	DATES OF EMPLOYMENT	PLEASE CIRCLE ONE	TITLE OF POSITION
			/ / to / /	FULL OR PART-TIME	

Nature of Duties: _____

EMPLOYER'S NAME <u>AND</u> ADDRESS	Contractor License # you worked under.	PHONE NUMBER	DATES OF EMPLOYMENT	PLEASE CIRCLE ONE	TITLE OF POSITION
			/ / to / /	FULL OR PART-TIME	

Nature of Duties: _____

11. OCCUPATIONAL LICENSING PROCESS FOR VETERANS (only).

BRANCH OF MILITARY	UNIT	INSTALLATION	DATES OF SERVICE	SPECIALTY: (be sure to attach a copy of your DD214 training records).
			/ / to / /	

This applicant agrees to conform to Rules 4101:16-1 through 4101:16-3 of the Ohio Administrative Code relating to the type of license indicated on the front page of this application.

I solemnly swear or affirm that the information I have supplied to each and all of the questions within this application are complete and true to the best of my knowledge and belief.

Signature of Applicant

THIS APPLICATION MUST BE NOTARIZED

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____
, _____ in the County of _____, State of _____.

Signature of Notary Public

Printed Name of Notary Public