



Department of Commerce

Division of Industrial Compliance & Labor

John Kasich, Governor
David Goodman, Director

VERIFICATION OF LICENSE EXAMINATION SCORES
LETTER OF GOOD STANDING

The applicant named below is applying for licensure as a _____ Contractor in the State of Ohio. Please complete the following and return to the Ohio Construction Industry Licensing Board at the fax number listed below.

NAME: _____

LICENSE NUMBER(s): _____ DATE LICENSE ISSUED: ____/____/____

Examination date: ____/____/____ Examination Score: _____

Status:

Current **Inactive** **Expired** Expiration Date: ____/____/____

Has this license ever been the subject of any disciplinary action: **Yes** **No**
(If yes, please provide a copy of the order and date)

Signed: _____

Title: _____

SEAL

State of: _____

Date: _____

PLEASE FAX THIS COMPLETED FORM DIRECTLY TO:

HVAC, Refrigeration, Hydronics – SHERRY DANIELS @ 614-232-9521
Electrical - TIFFANY WOMAX @ 614-232-9536