



Ohio Department of Commerce

Division of Industrial Compliance

6606 Tussing Road • P.O. Box 4009

Reynoldsburg, Ohio 43068

(614) 644-3153 FAX (614) 995-1146

www.com.ohio.gov

John R. Kasich

Governor

David Goodman

Director

APPLICATION FOR HEALTH DEPARTMENTS PLUMBING INSPECTOR CERTIFICATION

All statements in this application are subject to investigation by the Ohio Department of Commerce, Division of Industrial Compliance, Plumbing Section.

The completed application shall be returned to the Ohio Department of Commerce, Division of Industrial Compliance, Plumbing Section, 6606 Tussing Road, P. O. Box 4009, Reynoldsburg, Ohio 43068-9009.

The applicant shall submit payment of one hundred dollars (\$100.00) **NON-REFUNDABLE** for an application, examination and certification fee.

Make checks payable to: Treasurer, State of Ohio

The prerequisites for the plumbing inspector examination shall be as follows:

- (1) High school education or equivalent; and
- (2) Seven years of practical experience in the installation of plumbing; or
- (3) A professional engineer pursuant to section 4733.01 of the Revised Code and three years of experience in plumbing system design, estimating, or supervision of plumbing systems installations.

NAME: _____

HOME ADDRESS: _____

CITY: _____ COUNTY: _____ STATE _____ ZIP _____

HOME TELEPHONE NUMBER: (____) _____

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER'S TELEPHONE NUMBER: (____) _____

List: 7 years plumbing experience to qualify for certification.

Company Name	Years	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

List: Any licenses or certifications

Use a Blank Sheet of Paper if you need additional Room

I solemnly swear or affirm that the information provided in this application is true to the best of my knowledge

Signature of Applicant: _____ **Date:** _____

Office use only

Application fee paid Check # _____ Date: _____

Approved: _____ Denied : _____ Date: _____

Reason denied: