



## Department of Commerce

Ohio Board of Building Standards

### Residential Building Department Personnel Application

Ohio Residential Building Department personnel applicants shall possess the required experience pursuant to rule 4101:8-1-03 of the Administrative Code and shall pass examinations administered either by a testing agency or model code agency. Refer to attached examination requirements matrix.

Upon receipt, applications will be forwarded to the Residential Construction Advisory Committee for review at its next scheduled meeting. The Committee will evaluate the qualifications of each applicant and make recommendations to the Board.

Applicants should contact either:

ICC @ International Code Council, National Certification Services, 900 Montclair Road, Birmingham, AL 35213, (888) 422-7233, [www.iccsafe.org](http://www.iccsafe.org);  
or

NCPCCI @ Thompson Prometric, 1360 Energy Park Drive, St. Paul, MN 55108, (800) 864-5309, [www.experionline.com](http://www.experionline.com).

Please complete the enclosed application, resume form, and Notary Affidavit for the above application and **return the original** to the BBS. A NON-REFUNDABLE FEE OF THIRTY DOLLARS (\$30.00) MUST ACCOMPANY the application for each certification. The nonrefundable remittance shall be made payable to the Treasurer, State of Ohio/BBS.

If you have any questions, please feel free to contact this office at 614/644-2613.

Very truly yours,  
BOARD OF BUILDING STANDARDS

A handwritten signature in cursive script that reads "Regina S. Hanshaw".

Regina S. Hanshaw  
Executive Secretary

Enclosure



# Board of Building Standards

6606 Tussing Road, P.O. Box 4009  
 Reynoldsburg, Ohio 43068-9009  
 (614) 644-2613 Fax: (614) 644-3147  
 dic.bbs@com.state.oh.us  
 www.com.ohio.gov/dico/BBS.aspx

# APPLICATION

## FOR CERTIFICATION OF RESIDENTIAL BUILDING DEPARTMENT PERSONNEL

This application is hereby submitted to the Board of Building Standards pursuant to the provisions of Section 3781.10 of the Ohio Revised Code and 4101:7-3-01 of the Ohio Administrative Code.

<b>1. APPLICANT INFORMATION:</b>	
Name:	_____
Home Address:	_____
City:	_____ Zip: _____
County:	_____ Phone: _____
E-Mail:	_____
Department/Firm:	_____

<b>2. SPECIFIC CERTIFICATE(S) BEING REQUESTED:</b> (Please check appropriate box for certification(s) being sought.)	
<input type="checkbox"/> Res. Building Official	<input type="checkbox"/> Res. Plans Examiner
<input type="checkbox"/> Res. Plns. Ex. Trainee	<input type="checkbox"/> Res. Bldg. Insp. Trainee
<input type="checkbox"/> Res. Building Insp.	<input type="checkbox"/> Res. Mechanical Insp.
<input type="checkbox"/> Res. Mech. Insp. Trainee	<input type="checkbox"/> Res. I.U. Inspector
<input type="checkbox"/> Interim Application on File; All Interim Requirements Completed – Seek Full Certification	

<b>3. LIST ANY OHIO LICENSE, CERTIFICATE, OR REGISTRATION HELD:</b> (mark "T" if trainee):		
Description	Certificate Number	Date Received
Architectural Registration		
P.E. Registration		
Res.   Non-Res.		
<input type="checkbox"/>   <input type="checkbox"/>   Building Official Cert.		
<input type="checkbox"/>   <input type="checkbox"/>   Plans Examiner Cert.		
<input type="checkbox"/>   <input type="checkbox"/>   Building Inspector Cert.		
<input type="checkbox"/>   <input type="checkbox"/>   Mechanical Inspector Cert.		
Electrical Plans Examiner Cert.		
Plumbing Plans Examiner Cert.		
Mechanical Plans Examiner Cert.		
Fire Protection Inspector Cert.		
Electrical Safety Inspector Cert.		
Plumbing Inspector Cert.		
Fire Safety Inspector Cert.		
Fire Protection System Designer Cert.		
Medical Gas Piping Inspector		
Other Certification/License		

<b>4. EMPLOYMENT/EDUCATION:</b>	
a. Formal Education:	Date Graduated
_____	_____
b. Related Vocational or Related Technical Training:	Years Experience
_____	_____
c. U.S. Military construction experience (MOS or other designation):	Years Experience
_____	_____
d. Place of Employment:	Years Employed
_____	_____



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5. EXPERIENCE AS AN EMPLOYEE OF A BBS CERTIFIED RES/NON-RES BUILDING DEPARTMENT:			
BBS Certified Building Department	BBS Certified Position/Title	Duties	Date of Service & Length of Time (MM/DD/YY)

  

6. EXPERIENCE : Refer to Experience Requirements Listed in 4101:7-3-01 OAC and 3783 ORC (DO NOT SUBSTITUTE WITH OTHER RESUMES). State the specific duties and type of work performed for each position listed. Give only information which relates directly to the information you provide. Provide letters from certified inspectors, employers, or contractors verifying your experience. Submit copies of any certificates, diplomas, licenses, or DD Form 214 received.		
List Each Construction Project <u>AND</u> Specific Type of Work Performed	Name of Employer, Contact, Address, Telephone Number	Project Time: From_To_ (MM/DD/YY)
<b>TOTAL EXPERIENCE ON THIS PAGE (IN MONTHS):</b>		

**NOTE:** Only experience **DIRECTLY** related to the types of buildings or structures regulated by the Ohio Building Codes shall be acceptable for credit for any certification, pursuant to rule 4101:7-3-01.



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(You may make additional copies of this page if necessary.)

6. **EXPERIENCE (CONT.):** Refer to Experience Requirements Listed in 4101:7-3-01 OAC and 3783 ORC (DO NOT SUBSTITUTE WITH OTHER RESUMES). State the specific duties and type of work performed for each position listed. Give only information which relates directly to the information you provide. Provide letters from certified inspectors, employers, or contractors verifying your experience. Submit copies of any certificates, diplomas, licenses, or DD Form 214 received.

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### 7. OFFENSES:

a. Have you ever been convicted of any felony or crime involving moral turpitude ? YES  NO

If you answered "Yes" please explain below:

b. If you have served in the U.S. armed services, have you been discharged under honorable conditions? YES  NO

If you answered "No" please explain below:

Multiple horizontal lines for providing explanations for offenses.

### 8. CERTIFICATION:

I solemnly swear or affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief. I hereby waive all provisions of law forbidding colleges or universities that I have attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they may disclose such knowledge or information to the Board of Building Standards. Falsification is a violation of section 2921.13 of the Ohio Revised Code and is punishable as a misdemeanor of the first degree.

SIGNATURE OF APPLICANT: \_\_\_\_\_

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

SEAL

Notary Public \_\_\_\_\_