

APPLICATION FOR RESIDENTIAL PERSONNEL CERTIFICATION RENEWAL

I hereby make application for Certification Renewal and understand that renewal application are to be completed and returned to the Board of Building Standards at least 30 days prior to the expiration date of current certificate, and all requirements for renewal met pursuant to rule 4101:8-1-03 of the Ohio Administrative Code.



Board of Building Standards

6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009
Phone: 614-644-2613, Fax: 614-644-3147
dic.bbs@com.state.oh.us
www.com.state.oh.us/dic/dicbbs.htm

1. APPLICANT

Name: _____

Home Address: _____

City: _____ State: _____

County: _____ Zip: _____

Telephone: _____ Expir. Date _____

Department/Firm _____

E-mail Address: _____

I affirm that the information that I have provided in this application for certification renewal is complete and true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT: _____ DATE: _____

2. SPECIFIC CERTIFICATE(S) BEING RENEWED: (Please check boxes for each certificate being renewed at this time.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Res. Bldg. Official	Res. Plan Examiner	Res. Bldg. Inspector	Res. Mechanical Inspector	Res. Plumbing Inspector	Res. I.U. Inspector

3. RENEWAL FEE: Make Check/Money Order Payable To: **TREASURER – STATE OF OHIO/BBS**

Renewal Fee **MUST** Be Attached: \$30.00 per each certificate to be renewed.

Number of Certificates Being Renewed: X \$30.00 for each renewal = TOTAL ENCLOSED

4. CONTINUING EDUCATION:

Documentation of 30 hours of continuing education courses (to include Board sponsored required classes) MUST be completed and attached before application is made for renewal of certification.

Number of hours attached:

PERSONNEL I.D./CERT. # _____

5. EMPLOYMENT INFORMATION – In the space below list the Certified Residential Building Department(s) by which applicant is employed.

Residential Building Department	Contract Employee		Position
	Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	