



Department of Commerce

Ohio Board of Building Standards

Building Department Personnel Application

Ohio Building Department Personnel applicants shall possess the required experience pursuant to rule 4101:7-3-01 of the Ohio Administrative Code (OAC) and shall pass an examination administered either by a model code agency or by the Board of Building Standards (BBS). Refer to attached examination requirements matrix.

Upon receipt of a completed application and fee no later than 30 days prior to the next scheduled Board meeting, applications will be forwarded to the Personnel Committee for review at its next scheduled meeting. The Committee will evaluate the qualifications of each applicant and make recommendations to the Board. Upon approval of an applicant's experience qualifications, pursuant to 4101:7-3-01(F) of the OAC, an applicant will be granted a one-time interim certification that will be valid for two years from the date of approval during which the applicant must schedule and successfully complete the Ohio Building Code Academy and the required examination requirements.

During the interim certification period, the applicant is permitted to perform the job function for which an application is made. If the Ohio Building Code Academy and the required examination requirements are not successfully completed during the two-year interim certification period, the interim certification expires. Upon expiration, the individual is no longer permitted to perform the job function for which application is made. An individual whose interim certification has expired, if meeting the requirements of 4101:7-3-01(F)(5) of the OAC, may apply to enter a trainee program.

To receive information about the examination modules, to schedule examinations, or to please contact the following:

Building Official Applicants: Applicants should contact: ICC at: International Code Council, National Certification Services, 900 Montclair Road, Birmingham, AL 35213, (887) 783-3926, www.iccsafe.org

Master Plans Examiner, Electrical Plans Examiner, Plumbing Plans Examiner, Mechanical Plans Examiner, Building Inspector, Mechanical Inspector, Fire Protection Inspector, Plumbing Inspector, and Electrical Safety Inspector Applicants: Applicants should contact either ICC at: International Code Council, National Certification Services, 900 Montclair Road, Birmingham, AL 35213, (888) 422-7233, www.iccsafe.org; or NCPCCI at: Thompson Prometric, 1360 Energy Park Drive, St. Paul, MN 55108, (800) 864-5309, www.experiononline.com.

Electrical Safety Inspector Applicants: Applications will be screened by the Electrical Safety Inspector Advisory Committee prior to being referred to the Board of Building Standards for acceptance or rejection. Applicants for Electrical Safety Inspector must pass the required examinations *prior* to performing electrical safety inspections.

Medical Gas Inspector Applicants: Applicants must attach proof of certification by an ASSE recognized third-party certifier in accordance with ASSE standard 6020 pursuant to OAC 4101:7-3-01(E)(13).

Please complete the enclosed application, resume form, and Notary Affidavit for the above application and **return the application** to the BBS (keep a copy for your records). A NON-REFUNDABLE FEE OF THIRTY DOLLARS (\$30.00) PER CERTIFICATION MUST ACCOMPANY the application. The nonrefundable remittance shall be made payable to: *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

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 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.

1. APPLICANT INFORMATION:

Name: _____
 Home Address: _____
 City: _____ Zip: _____
 County: _____ Phone: _____
 E-Mail: _____
 Department/Firm: _____

2. SPECIFIC CERTIFICATE(S) BEING REQUESTED: (Please check appropriate box for certification(s) being sought.)

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Building Official | <input type="checkbox"/> Master Plans Examiner | <input type="checkbox"/> Building Insp. | <input type="checkbox"/> Mechanical Insp. | <input type="checkbox"/> Fire Protection Insp. |
| <input type="checkbox"/> Electrical Safety Inspector | <input type="checkbox"/> Master Plns. Ex. Trainee | <input type="checkbox"/> Bldg. Insp. Trainee | <input type="checkbox"/> Mech. Insp. Trainee | <input type="checkbox"/> Non-Res. IU Inspector |
| <input type="checkbox"/> Interim Application on File; All Interim Requirements Completed – Seek Full Certification | <input type="checkbox"/> Electrical Plans Examiner | <input type="checkbox"/> Plumbing Plans Examiner | <input type="checkbox"/> Plumbing Insp. | <input type="checkbox"/> Plumbing Insp. Trainee |
| | <input type="checkbox"/> Mechanical Plans Examiner | | | |

3. LIST ANY OHIO LICENSE, CERTIFICATE, OR REGISTRATION HELD: (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		

4. EMPLOYMENT/EDUCATION:

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

5. APPLICANTS REQUESTING MEDICAL GAS INSPECTOR CERTIFICATION:

Attach proof of certification by an ASSE recognized third-party certifier in accordance with ASSE standard 6020.



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6. OBC BUILDING INSPECTION EXPERIENCE PERFORMED FOR A BBS CERTIFIED BUILDING DEPARTMENT:			
BBS Certified Building Department	BBS Certified Position/Title	Duties	Date of Service & Length of Time (MM/DD/YY)

7. APPLICANTS FOR ELECTRICAL SAFETY INSPECTOR ONLY MUST COMPLETE THIS ITEM - ESI-SPECIFIC EXPERIENCE QUALIFICATIONS:

Section 3783 of the Ohio Revised Code specifies that an applicant for a Certificate of Competency as an Electrical Safety Inspector must meet one of the following to qualify to take required examination. Please check the qualification that applies: Yes

1. Have been a journeyman electrician or equivalent for four years, two of which were as an electrician foreman, and have had two years experience as a building department electrical inspector trainee;
2. Have been a journeyman electrician or equivalent for four years and have had three years experience as a building department electrical inspector trainee;
3. Have had for four years experience as a building department electrical inspector trainee;
4. Have been a journeyman electrician or equivalent for six years;
5. Am a graduate electrical engineer and registered in the State of Ohio. Registration number: _____
6. Applicant authorizes all testing organizations including ICC to provide test results to the BBS.

8. 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)
TOTAL EXPERIENCE ON THIS PAGE (IN MONTHS):		

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.)

8. 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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9. 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.

10. 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 _____