



Department of Commerce

Division of Industrial Compliance
John R. Kasich, Governor
Jacqueline T. Williams, Director

ACTIVE STATUS REQUEST FORM (Re-activate from escrow)

In accordance with Section 4101:16-1-13 of the Ohio Administrative Code, and pursuant to Chapter 4740 of the Ohio Revised Code, an individual may have a license returned to active status upon the following conditions:

- The individual notifies the Ohio Construction Industry Licensing Board (OCILB) on this form.
- The individual completes the cumulative continuing education requirements for the period of time that the license was in inactive status (escrow). An individual seeking to have a license returned to active status shall be required to complete no more than 30 hours of continuing education classes. (Please check with OCILB for confirmation of the number of hours you need.)
- The individual pays a reactivation fee of \$60. However, if you are in your renewal period you are not required to submit a re-activation fee. You will only be required to pay your \$60 renewal fee. Either way, the fee is required prior to OCILB re-activating your license. (Your renewal period is considered the period of time from when you are invoiced for the renewal of your license up through the expiration date of your license.)
- The individual submits updated proof of contractor liability insurance in the minimum amount of \$500,000.

State of Ohio License # _____ (ELECTRICAL, HVAC, HYDRONICS, PLUMBING, REFRIGERATION)
Circle all that apply

Contractor's Name: _____

Mailing Address: _____
Street City / State Zip Code

Phone: _____ Email: _____

You are required to assign your license to a Contracting Company.

Company name: _____

Mailing Address: _____
Street City / State Zip Code

Phone number: _____

Is the company in which you are assigning your license a "contracting company" as defined by ORC 4740.01 (working on commercial construction projects)? Yes or No Are you a full time employee? Yes or No

Your Position/Job Title: _____ Owner _____ Employee _____ Partner

Signature _____ Date _____

NOTE: In order to correctly Re-Activate your State of Ohio Contractors License, this form must be completely filled out and mailed to the address given below. You must also attach a current Certificate of Liability Insurance form from your Insurance Agent, in the name of the contracting company in which you are assigning your license(s), along with a \$60 re-activation fee (per license).