



Department of Commerce

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

Check: _____
Date: _____

WEST VIRGINIA ELECTRICAL RECIPROCITY APPLICATION

NOTE IN ORDER TO RECIPROCATATE WITH OHIO THE APPLICANT MUST CURRENTLY HOLD A WEST VIRGINIA MASTER ELECTRICIANS LICENSE AND CONTRACTORS LICENSE, AND HAD TESTED WITH THE STATE OF WEST VIRGINIA (W.V State Fire Marshall and/or W.V Department of Labor)TO OBTAIN THEM.. If you obtained the West Virginia license via Grandfathering or Reciprocity from another state you will not be permitted to reciprocate. You MUST apply to take the Ohio Exam.)

Full Name: _____
First Last M.I.

Street Address _____ City: _____

State: _____ Zip: _____ E-mail: _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ Date of Birth: ____/____/____

West Virginia Master Electricians license number: _____ Contractor Electricians license number _____

Expiration Date: _____

Did YOU test with WV in order to obtain this license? (Trade and Business & Law exams) Yes or No

Have you ever been convicted of a felony? Yes ___ No ___

Are you a US Citizen? Yes ___ No ___ or Are you a Legal Alien? Yes ___ No ___

NOTE: If approved and issued; you MUST assign your license to a "Contracting Company" as defined by ORC 4740.01. Please indicate the contracting company name and your job title below

Company Name: _____

Company mailing Address: _____

Phone #: (_____) _____ - _____ Position/Title (circle one) Owner Employee Partner

**You must provide: a current Certificate of Liability Insurance form, including without limit, complete operations coverage, in the amount of at least five hundred thousand dollars.

I solemnly swear or affirm the information I have supplied on this application is complete and true to the best of my knowledge.

Signature: _____ Print Full Name: _____

THIS APPLICATION MUST BE PROPERLY NOTARIZED

Subscribed and duly sworn before me according to law, by the above named applicant: _____

This _____ day of _____, 20 _____ in the County of _____ State of _____.

_____. Signature of Notary Public

Nonrefundable Application fee: \$25.00 (per license)
Payable to: Treasurer State of Ohio
Mail To: Ohio Construction Industry Licensing Board
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009



For Board Use Only
APPROVED: _____
DENIED: _____

Ohio Construction Industry Licensing Board
6606 Tussing Road
PO Box 4009
Reynoldsburg, OH 43068-9009 U.S.A.

Frank Alexander, Administrative Section Chairman
An Equal Opportunity Employer and Service Provider

614 | 644 3493
Fax 614 | 728 1200
TTY/TDD 800 | 750 0750
www.com.ohio.gov