



Department
of Commerce

John R. Kasich, Governor

Jacqueline T. Williams, Director

Application for Certification Renewal

All Certifications

(4101:7-3-01 Ohio Administrative Code)

Ohio Board of Building Standards
6606 Tussing Road
Reynoldsburg, OH 43068-9009

Gerald Holland, Chairman
An Equal Opportunity Employer and Service Provider

614-644-2613
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APPLICATION

FOR

ALL CERTIFICATION RENEWALS



Board of Building Standards

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

I hereby make application for Certification Renewal and understand that renewal applications are to be completed and returned to the Board of Building Standards within 30 days of the expiration date of current certification, and all requirements for renewal met pursuant to rule 4101:7-3-01(F)(2) of the Ohio Administrative Code.

1. APPLICANT PERSONNEL I.D./CERT. # _____

Name: _____

Home Address: _____

City: _____ State: _____

County: _____ Zip: _____

Telephone: _____ Expir. Date: _____

E-Mail Address: _____

2a. SPECIFIC NON-RESIDENTIAL CERTIFICATE(S) BEING RENEWED: (Please check boxes for each certificate being renewed.)

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Building Official | <input type="checkbox"/> Master Plans Examiner | <input type="checkbox"/> Building Inspector | <input type="checkbox"/> Non-Res. I.U. Inspector |
| <input type="checkbox"/> Building Plans Examiner | <input type="checkbox"/> Mechanical Plans Examiner | <input type="checkbox"/> Mechanical Inspector | <input type="checkbox"/> Medical Gas Inspector |
| <input type="checkbox"/> Fire Protection Plans Examiner | <input type="checkbox"/> Plumbing Plans Examiner | <input type="checkbox"/> Fire Protection Inspector | <input type="checkbox"/> Plumbing Inspector |
| <input type="checkbox"/> Electrical Plans Examiner | | <input type="checkbox"/> Electrical Safety Inspector | |

2b. SPECIFIC RESIDENTIAL CERTIFICATE(S) BEING RENEWED: (Please check boxes for each certificate being renewed.)

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Res. Building Official | <input type="checkbox"/> Res. Plans Examiner | <input type="checkbox"/> Res. Building Inspector | <input type="checkbox"/> Residential I.U. Inspector |
| | | <input type="checkbox"/> Res. Mechanical Inspector | |
| | | <input type="checkbox"/> Res. Plumbing 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. TOTAL ENCLOSED

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

4. CONTINUING EDUCATION: NUMBER OF HOURS ATTACHED:

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.

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

| Building Department Name | Contract Employee | | Position |
|--------------------------|---------------------------------|--------------------------------|----------|
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

6. 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: _____