



Department of Commerce
 Division of State Fire Marshal
 Bureau of Testing and Registration
 8895 East Main Street - P. O. Box 529
 Reynoldsburg, Ohio 43068
 (614) 752-7126 Fax (614) 995-4206
 TTY/TDD 800-750-0750 - www.com.ohio.gov

Application for Provisional Certification

The fire marshal may issue a provisional certificate to any individual who is enrolled in a bona fide apprenticeship training program registered with the Apprenticeship Council pursuant to section 4139 of the Ohio Revised Code or with the Bureau of Apprenticeship and Training of the United States Department of Labor. A provisional certificate issued pursuant to this section authorizes an individual to engage in the activities permitted if:

The individual remains enrolled in such apprenticeship training program.

The individual is directly supervised by an individual who possesses a valid and current certificate issued for the activities in which the individual issued the provisional certificate is engaged and the certified individual directly supervising the individual issued the provisional certificate only supervises one provisional certificate holder.

The certificate is renewed each year and proof of enrollment in an apprenticeship program must be provided upon completion of the apprenticeship program, each individual will be required to take the state of Ohio certification examination in order to continue certification.

A. Submit a non-refundable check or money-order payable to: Treasurer, State of Ohio. \$35.00 per category

B. Submit a copy of the Apprenticeship Certification from the Dept. of Labor (RAPIDS system). This can be obtained from the apprenticeship training committee that selected you, or from your employer's payroll office. This certification is the ONLY acceptable proof that you are currently in a bonafide apprentice program registered with the Ohio Dept. of Job and Family Services or the United States Department of Labor.

C. Non-residents of Ohio must submit a notarized irrevocable consent to service form.

Existing ID No. (if applicable) _____ E-mail _____

Name _____ Social Security No. _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ County _____

Company Name: _____ Company ID No. if applicable _____

1. Automatic Sprinkler and Standpipe Systems	<input type="checkbox"/>
2. Fire Service Mains	<input type="checkbox"/>
3. Fire Pumps	<input type="checkbox"/>
4. Diesel Pump Technician	<input type="checkbox"/>
5. Fire Alarm and Detection Equipment (Residential and Commercial)	<input type="checkbox"/>
6. Household Fire Warning Equipment Only (Residential Only)	<input type="checkbox"/>
7. Portable Fire Extinguisher	<input type="checkbox"/>
8. Engineered Extinguishing Equipment (OTW)	<input type="checkbox"/>
9. Pre-Engineered Extinguishing Equipment (OTW)	<input type="checkbox"/>
10. Aerosol Extinguishers	<input type="checkbox"/>

Signature: _____ Date: _____

Filing Instructions

Individual Information

Submit \$50.00 for each Category Checked