



Inspection Seal Order Form

Date: _____

Authority Having Jurisdiction

Local Building/Health Department or Third-Party Agency Name

Mailing Address

City State Zip Code

Name of Person Requesting Inspection Seals Telephone Number Fax Number

Signature Title E-Mail Address

Seals Requested

Number of Inspection Seals Requested:

X \$100 each

Total Amount Submitted: \$

Enclose check or Money Order made payable to Treasurer, state of Ohio or you may pay by credit/debit card below

Visa Master Card

Credit Card Number Exp. Date

\$

Signature of Cardholder Amount

Inspection Seals will be issued upon receipt of payment

Mail this request with payment to:

Department of Commerce
Division of Industrial Compliance
6606 Tussing Road
Reynoldsburg, Ohio 43068-9009