



Ohio Construction Industry Licensing Board Manufactured Home Installer License Renewal Application

Read Instructions Carefully Before Returning for Processing

1. Complete application in its entirety and legibly. Application must be signed, or it will not be processed.
2. Proof of insurance must be provided.

The non-refundable renewal fee is \$253.50 (\$250.00 application fee plus a \$3.50 eLicense transaction fee). Payment and application must be postmarked before your current license expiration date or a \$100 late fee will be assessed. Any late fees must be paid before renewal will be processed.

Section 1: Applicant Information Update (Please Print)

License Number:			
Name:		Alias:	
Mailing Address:		City:	
State:	ZIP Code:	County:	Email:
Phone:	Fax:	Cell:	
Date of Birth:	Are you a veteran or member of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your spouse a veteran or member of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2: Employer Update (If self-employed, use your business name for employer)

Employer Name:		Phone:
Address of Employer:		
City:	State	ZIP Code:

I have attached a copy of my or my company's Workers' compensation with number visible or explanation of exemption.



Section 3: Proof of Insurance

Please select one of the following:

- I have provided evidence of one of the following (check one)
- \$25, 000 Surety Bond
- \$300,000 in General Liability Insurance and \$ 10,000 Surety Bond
- \$1,000,000 in General Liability Insurance

***Proof must include the insuring company's name, telephone number, your policy number, the dollar amount and the expiration date.**

Section 4: Continuing Education

Please attest to completing eight hours of continuing education.

These hours must match our records as reported by approved continuing education sponsors.

Sponsor:		Hours Earned:
Date:	Location:	
Course Title:		

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Date:	Location:	
Course Title:		

Section 5: Statement Regarding Felony Conviction

Have you been convicted of a felony or crime of moral turpitude that you have not reported to OCILB?

- Yes No

If you have been convicted, provide a certified copy of the conviction mailed directly from the court to the OCILB office.

Applicant Signature:	Date:
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Section 6: Not Renewing

If you are not renewing your license at this time, please indicate the reason:

Retired Inactive Other (Please Explain): _____

Section 7: Acknowledgement and Signature

I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand that making a false, fraudulent or deceitful statement on this application may result in disciplinary action and/or OCILB's refusal to renew my license.

I further understand and authorize OCILB and its agents to investigate this application and verify the statements contained herein. I hereby authorize any government agency, law enforcement agency, licensing board, school, corporation, organization, association or any person to provide OCILB with any information necessary to investigate information I have provided and disclosed on this application.

Applicant Signature:	Date:
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Public Information Disclosure: Pursuant to Chapter 149 of the Ohio Revised Code, please be advised that information submitted in this application may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated.

Payment Information (OFFICE USE ONLY)

Check Number: _____ Date: _____ Amount: _____

Make checks payable to: Treasurer, state of Ohio and mail to:

Ohio Construction Industry Licensing Board
6606 Tussing Rd, PO Box 4009
Reynoldsburg, OH 43068-9009

Credit Card Information

Cardholder Name: _____

Billing Address: _____

Card Type: Visa MC Discover American Express

Card Number: _____

Expiration Date: _____ CVV Number: _____ Phone Number: _____