



# Ohio Department of Commerce

Division of Industrial Compliance  
6606 Tussing Road • P.O. Box 4009  
Reynoldsburg, Ohio 43068  
(614) 644-3153 FAX (614) 995-1146  
www.com.ohio.gov

Mike Dewine  
Governor  
Sheryl Maxfield  
Director

## APPLICATION FOR HEALTH DEPARTMENTS PLUMBING INSPECTOR CERTIFICATION

All statements in this application are subject to investigation by the Ohio Department of Commerce, Division of Industrial Compliance, Plumbing Section.

The completed application shall be returned to the Ohio Department of Commerce, Division of Industrial Compliance, Plumbing Section, 6606 Tussing Road, P. O. Box 4009, Reynoldsburg, Ohio 43068-9009.

The applicant shall submit payment of one hundred dollars (\$100.00) **NON-REFUNDABLE** for an application, examination and certification fee.

### Make checks payable to: Treasurer, State of Ohio

The prerequisites for the plumbing inspector examination shall be as follows:

- (1) High school education or equivalent; and
- (2) Seven years of practical experience in the installation of plumbing; or
- (3) A professional engineer pursuant to section 4733.01 of the Revised Code and three years of experience in plumbing system design, estimating, or supervision of plumbing systems installations.

NAME: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ HOME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL: (REQUIRED) \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMPLOYER'S TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

**List: 7 years plumbing experience to qualify for certification.**

|     | Company Name | Years | Phone Number |
|-----|--------------|-------|--------------|
| 1.  | _____        | _____ | _____        |
| 2.  | _____        | _____ | _____        |
| 3.  | _____        | _____ | _____        |
| 4.  | _____        | _____ | _____        |
| 5.  | _____        | _____ | _____        |
| 6.  | _____        | _____ | _____        |
| 7.  | _____        | _____ | _____        |
| 8.  | _____        | _____ | _____        |
| 9.  | _____        | _____ | _____        |
| 10. | _____        | _____ | _____        |

**Attach copies of any licenses or certifications to application.**

**In Pursuant to ORC 4101:16-3-03: the approval to take the examination shall be effective for ONE YEAR. An applicant who fails to take the examination within ONE YEAR from the date approved shall submit a NEW application in accordance with this rule.**

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**Use a Blank Sheet of Paper if you need additional Room**

I solemnly swear or affirm that the information provided in this application is true to the best of my knowledge

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Office use only**

Application fee paid Check # \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied : \_\_\_\_\_

Date: \_\_\_\_\_

Reason denied:

# **Certification for Health Dept. Plumbing Inspectors Application Process**

**This certification is good for Residential and Commercial Inspections and Plumbing Plan Review in Health Departments Jurisdiction.**

**Step 1:** Submit a Plumbing Inspector for Health Dept. Application to the Division of Industrial Compliance/Plumbing Section. A \$100.00 Non-Refundable Application fee is required.

**Make checks payable: Treasurer, State of Ohio**

**Step 2:** After the Application is approved; Applicant qualifies to take the State Exam. The Exam consists of 3 sections: Multiple Choice Plumbing Code, Isometric & Plumbing .

Contact Lona Amorgianos@ 614-752-1379 to schedule an appointment to take the Plumbing Inspector Exam

**Step 3:** Results of the Exam will be mailed.  
All 3 parts of the exam must be passed with a minimum of 70% or higher to receive certification.

**Step 4:** If you fail a section of the test you will ONLY take that section of the test. A re-examination fee of \$50 will be paid before you can retake the test.