



The Ohio Construction Industry Licensing Board (OCILB), issues state licenses to Electrical, HVAC, Refrigeration, Plumbing, and Hydronics Contractors who perform commercial work.

Applicants must:

1. be at least 18 years of age
2. be a U.S. citizen or a legal alien (must provide proof)
3. have been a trades-person in the type of licensed trade for which the application is filed for not less than five years immediately prior to the date of application. Provide proof of working under a licensed contractor on projects that required a permit during those five years.
4. currently be a registered engineer in Ohio with three years of business experience in the construction industry in the trade for which you are applying
5. maintain contractor's liability insurance in an amount of at least \$500,000 and only in one contracting company name
6. Not done any of the following:
 - a. never violated this chapter or any rule adopted pursuant of it
 - b. obtained or renewed a license issued by fraud, misrepresentation or deception or engaged in fraud, misrepresentation or deception in the conduct of business
7. never have been convicted of a disqualifying offense as defined in S.B. 337
8. For an individual who holds an out-of-state trades contractors license, as defined in section 4796.01 ORC, that is substantially similar to the license for which the individual is applying to qualify for examination an individual shall:
 - a. Provide proof that the individual was issued at least five authorizations for construction, erection, equipment, alteration or addition of any building by an authority responsible for enforcing building regulations in the jurisdiction
 - b. Provide at least one tax return that reflects income earned for services provided under the individuals out-of-state occupational license
 - c. Provide proof that the contracting company with whom the individual is employed in the jurisdiction where the individual holds the out-of-state license is either of the following:
 - i. Licensed as a foreign corporation under section 1703.04 ORC and has designated an agent in this state in accordance with section 1703.041 ORC
 - ii. Registered as a foreign limited liability company under section 1706.511 ORC and has designated an agent in this state in accordance with section 1706.09 ORC
 - d. Meet the requirements described in above 1, 2, 5, 6, 7, 8

Your application will be reviewed immediately to determine eligibility to sit for the examination. You will be notified by mail of the results. **ONCE YOU HAVE BEEN APPROVED (valid for one year), YOU ARE REQUIRED TO OBTAIN A BCI and FBI BACKGROUND CHECK PRIOR TO SITTING FOR THE EXAMINATION.** Approved candidates will be provided with a PSI Candidate Information Bulletin. The Bulletin will contain detailed instructions on how to schedule your exam(s). All licensure exams are computer based testing by appointment at sites throughout Ohio & the U.S. Individuals who take the examination will receive a notice advising them of their examination pass/fail status at the completion of the exam. Those who pass both sections of the exam can receive a state license by sending a copy of the examination results, a \$25 check made payable to "Treasurer, State of Ohio", and proof of at least \$500,000 contractor liability insurance "Certificate of Liability Insurance". Your liability insurance AND license must be assigned to a "contracting company" as defined in Ohio Revised Code 4740.01 Section C.



OHIO CONSTRUCTION INDUSTRY LICENSING BOARD
OUT-OF-STATE EXAMINATION APPLICATION

MUST TYPE OR PRINT CLEARLY

1. Type of examination applied for: CHECK ONLY ONE
Hydronics Electrical HVAC
Plumbing Refrigeration

2. Full Name First Last M.I.

3. Street Address

City State

ZIP County

4. Are you a U.S. citizen? Y N Date of Birth / /

OR

5. Are you a legal alien? Y N - (if yes, provide documentation)

6. Home Phone () - Work Phone () -

7. E-Mail Address

8. Have you ever been convicted of a felony? Yes No

If yes: Date of Conviction: / /

State of conviction:

Offense:

9. State currently licensed with:

NOTE: If approved and issued; you MUST assign your license to a Contracting Company, indicate the Contracting Company name & your position.

Contracting Company Name:

Your Current Position/Title: Owner Employee Partner

If you are the owner, are you paying your employees by W-2? Yes No

For out of state applicants please provide the following required documents

Provide proof of License in foreign state at least 5 years, i.e. Letter of good standing from state licensed
Provide proof that the individual was issued at least five authorizations for construction, erection, equipment, alteration or addition of any building by an authority responsible for enforcing building regulations in the jurisdiction where the individual holds the out-of-state occupational license;

Provide at least one tax return that reflects income earned for services provided under the individuals out-of-state occupational license. If individual applying is not an owner of the company, provide 1 W2 as well.

Provide proof that the contracting company with whom the individual is employed in the jurisdiction where the individual holds the out-of-state license is either of the following:

Licensed as a foreign corporation under section 1703.04 ORC and has designated an agent in the state in accordance with section 1703.041 ORC

Registered as a foreign limited liability company under section 1706.511 ORC and has designated an agent in this state in accordance with 1706.09 ORC

Application Fee: \$25.00

Make check payable to:

TREASURER-STATE OF OHIO

Mail to:

Ohio Construction Industry Licensing Board
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009

E-Mail to: OCILB@COM.OHIO.GOV

Check #

Date

CC

EXP Date / CVV

FOR OFFICE USE ONLY

Application is:

Approved

Denied

Additional information needed:

State Issued License:

10. List below your employment history, beginning with the most recent. Attach additional sheets if necessary.

EMPLOYER'S NAME AND ADDRESS	Contractor License # you worked under.	PHONE NUMBER	DATES OF EMPLOYMENT	PLEASE CIRCLE ONE	TITLE OF POSITION
			/ / to / /	FULL OR PART-TIME	

Nature of Duties: _____

EMPLOYER'S NAME AND ADDRESS	Contractor License # you worked under.	PHONE NUMBER	DATES OF EMPLOYMENT	PLEASE CIRCLE ONE	TITLE OF POSITION
			/ / to / /	FULL OR PART-TIME	

Nature of Duties: _____

EMPLOYER'S NAME AND ADDRESS	Contractor License # you worked under.	PHONE NUMBER	DATES OF EMPLOYMENT	PLEASE CIRCLE ONE	TITLE OF POSITION
			/ / to / /	FULL OR PART-TIME	

Nature of Duties: _____

EMPLOYER'S NAME AND ADDRESS	Contractor License # you worked under.	PHONE NUMBER	DATES OF EMPLOYMENT	PLEASE CIRCLE ONE	TITLE OF POSITION
			/ / to / /	FULL OR PART-TIME	

Nature of Duties: _____

11. OCCUPATIONAL LICENSING PROCESS FOR VETERANS (only).

BRANCH OF MILITARY	UNIT	INSTALLATION	DATES OF SERVICE	SPECIALTY: (be sure to attach a copy of your DD214 training records).
			/ / to / /	

This applicant agrees to conform to Rules 4101:16-1 through 4101:16-3 of the Ohio Administrative Code relating to the type of license indicated on the front page of this application.

I solemnly swear or affirm that the information I have supplied to each and all of the questions within this application are complete and true to the best of my knowledge and belief.

Signature of Applicant