RECIPROCITY VERIFICATION OF LICENSURE

Please complete Section I of the form and submit to each licensing board that administered the examination. The certification must include a state seal and confirmation the license holder passed the state examination. Scores must be provided by the state you are reciprocating from.

SECTION I

Full Name: _____ Date of Birth: ___/___/_____

Address: _____

City: _____ State: _____ Zip Code: _____

WVCLB License #: _____ License Type: _____

(Plumbing or HVAC)

DO NOT DETACH – THIS SECTION IS TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE OHIO CONSTRUCTION INDUSTRY LICENSING BOARD AT 6606 TUSSING ROAD P.O. BOX 4009, REYNOLDSBURG, OH 43068.

SECTION II

WVCLB License #: _____ Expiration Date:_____

License Status: _____ WVCLB Exam Score:_____

(Active, Inactive, Escrow)

Is there a history of license suspension, disciplinary action, or revocation? If yes, please explain and attach document. _____

Name of state official completing form: _____

Date: _____ Contact Phone Number_____

State Seal:

West Virginia Contractor Licensing Board
1900 Kanawha Boulevard East
State Capitol Complex - Building 3, Room 200
Charleston, WV 25305

For Board Use Only
Approved: ☐
Denied: ☐

WEST VIRGINIA MECHANICAL RECIPROCITY APPLICATION

In order to reciprocate with Ohio for an HVAC or PL License, the applicant **must** currently hold a West Virginia Master Plumber, or HVAC Technician and WV Contractor License. All applicants must have previously tested with West Virginia to obtain their license(s). Applicants who obtained the WV License via Grandfathering cannot reciprocate.

Type of License Applying For: HVAC ☐ PL ☐
Full Name: _____
Street Address: _____ **City:** _____
State: _____ **Zip:** _____ **Email:** _____ **Date of Birth:** ____/____/_____ **Cell Phone:** (_____)_____-_____ **Work Phone:** (_____)_____-_____
Lic Number: WV: _____ **Exp Date:** ___/___/____ **HV Tech:** _____ **Master Pl:** _____ **Exp Date:** ___/___/____
Have you been convicted of, found guilty pursuant to a judicial finding of, or plead guilty of a felony? Yes ☐ No ☐

☐ **Are you a Citizen of the United States?** ☐ **A lawful permanent resident?** **(Alien Registration Number/USCIS Number)** _____
☐ **An alien authorized to work until** **(expiration date, if applicable mm/dd/yyyy)** ___/___/_____

Required Documents:

Certificate of Liability Insurance Form, including without limit, complete operations coverage in the amount of at least $500,000,certificate Holder must reflect: Ohio Construction Licensing Board, 6606 Tussing Road, Reynoldsburg, OH, 43068.

Verification of Current Reciprocating State License

In accordance with Section 4740.01 of the Ohio Revised Code (ORC), an individual is required to assign their license to a Contracting Company.

Company Name: _____
Street Address: _____ **City:** _____
State: _____ **Zip:** _____ **Phone:** (_____)_____-_____
Job Title: Owner ☐ Partner ☐ Employee ☐

Application Fee(s): $25.00 non-refundable fee per trade.
Payable To: Treasure State of Ohio

Mail To:
Ohio Construction Licensing Board
6606 Tussing Road, P.O. Box 4009 Reynoldsburg, OH 43068-9099

Check #: _____
Date: _____

CC _____
EXP Date _____/_____
CVV_____

Email To:
OCILB@COM.OHIO.GOV

Signature:_____ Date: _____/_____/_____