ACTIVE STATUS REQUEST FORM
(Re-Activate from Escrow)

In accordance with Section 4101:16-2-12 of the Ohio Administrative Code, and pursuant to Chapter 4740 of the Ohio Revised Code, an individual may have a license returned to active status upon the following conditions:

- The individual notifies the Ohio Construction Industry Licensing Board (OCILB) via this form.
- The individual completes the cumulative continuing education requirements for the period of time that the license was in inactive status (escrow). An individual seeking to have a license returned to active status shall be required to complete no more than 30 hours of continuing education classes. Contact OCILB to confirm total hours needed.
- The individual pays a reactivation fee of $60. However, if you are in your renewal period, you are not required to submit a re-activation fee. You will only be required to pay a $60 renewal fee. The fee is required prior to OCILB re-activating your license. *The renewal period starts on the invoice date for the renewal of your license through the license expiration date.*
- The individual submits updated proof of contractor liability insurance with OCILB listed as Certificate Holder with the minimum amount of $500,000.
- The individual must supply appropriate payroll records from the new company to show proof of active employment.

Applications are processed upon receipt of the following: A completed Active Status Request Form, a current/updated Certificate of Liability Insurance form with contracting company information you are assigning your license to, and a$60 re-activation fee per license.

State of Ohio License # _____ EL, HV, HY, PL, RE (Circle All That Apply)

Contractor's Name: _____
Mailing Address: _____
Phone:_____ **Email:**_____

You Are Required to Assign Your License to a Contracting Company

Company Name: _____
Company Mailing Address:_____
Phone number: _____

Is the company in which you are assigning your license to a "Contracting Company" as defined by ORC 4740.01 (working on commercial construction projects)? Yes or No Are you a full time employee? Yes or No

Your Position/Job Title: _____ Owner _____ Employee _____ Partner

Signature _____ **Date** _____

Reactivation Fee: **$60.00** Make check payable to: **TREASURER-STATE OF OHIO**

Mail to:
Division of Industrial Compliance
Ohio Construction Industry Licensing Board;
6606 Tussing Rd, Reynoldsburg, OH 43068

Email to:
OCILB@COM.OHIO.GOV

Check # _____ **Date** _____ **CC** _____ **EXP Date** _____/_____ **CVV**_____