

**Department of Planning & Development****Division of Building Regulations***David Golis, PE, Chief Building Official***Contractor Registration Form**

Date _____

 New Application Renewal**Type of Contractor**

- Refrigeration
- General Electric
- Heating and Air Conditioning (HVAC)
- General Contractor

- Hydronic
- Combination HVAC/Hydronic
- Plumbing

Business Information

Business Name _____

Business Phone _____

Business Street Address _____

Business Fax _____

City, State Zip Code _____

Contact Information

Primary Contact Name _____

Cell Phone _____

Primary Contact Title _____

Email Address _____

License Holder InformationDoes anyone in your company hold a current State of Ohio License? (Please include a copy) Yes No

License Holder Name _____

Cell Phone _____

License Holder Title _____

Email Address _____

State License Number: _____

Expiration Date: _____

Applicant Name (please print) _____

Applicant Signature _____ **Date** _____*New applications are required to be notarized.*

Sworn to and subscribed in my presence this _____ day of _____ 20 _____

Notary Public Signature _____

FOR INTERNAL USE ONLYReceived by _____ Date _____ Time _____ All materials received Yes No