



Ohio Manufactured Home Inspector Certification Renewal Application

Return To: Ohio Manufactured Homes Commission
5100 Parkcenter Avenue, Suite 103
Dublin, OH 43017

(Office Use Only)

___ \$50 Renewal Fee
___ \$30 Late Fee
___ Continuing Education Fee

PAY VIA CREDIT CARD - OR - SEND CHECK PAYABLE TO TREASURER, STATE OF OHIO

Visa # _____ Mastercard # _____

Expiration Date: _____ Amount _____ + Convenience Fee (.0231%) _____ = _____ Total Fee

Name of cardholder shown on credit card _____

**Fees are
Non-refundable**

Cardholder signature : _____

Please complete this form completely and legibly. If you need additional space to complete an answer please use # (7) or attach a separate sheet.

(1) Inspector Personal Update – use home address (please print)

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Fax: () _____ Cell Phone: () _____

Email: _____

Social Security Number _____ Certification Number: _____

(2) Employer Update

Employer*: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Office Phone: () _____ Fax: () _____

Email: _____

(3) Have you been convicted of a felony or crime of moral turpitude in the last 2 years? Yes No

If yes, please provide a certified copy of the conviction mailed directly from the court to the OMHC office. Also explain below including type of felony conviction, case number, state and county of conviction and date of conviction.

Explanation: _____

(4) Continuing Education Requirement - Please attest to completing 12 hours of continuing education. These hours must match our records as reported by continuing education sponsors. Provide copies of your completion certificate for all continuing education credit.

a) BBS Approved Courses (you must list each course below, provide a certification of completion for each course AND include \$10/per credit hour (\$5/credit hour + \$5/ per credit hour administrative fee).

Course # _____ Course Name _____

Date: _____ Location: _____ Credit hours earned: _____

Course # _____ Course Name _____

Date: _____ Location: _____ Credit hours earned: _____

Course # _____ Course Name _____

Date: _____ Location: _____ Credit hours earned: _____

(b) All other Approved Continuing Education Courses (you must list each course below AND provide a certificate of completion for each course.

Date: _____ Location: _____ Hours earned: _____

(5) If you are not renewing your certification at this time, please indicate reason:

Retired Inactive Other: (please explain) _____

(6) Additional Information: _____

I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand that making a false, fraudulent or deceitful statement on this application may result in disciplinary action and/or the Commission's refusal to renew my license.

I further understand and authorize the Commission and its agents to investigate this application and verify the statements contained herein. I hereby authorize any government agency, law enforcement agency, licensing board, school, corporation, organization, association or any person to provide the Commission with any information necessary to investigate information I have provided and disclosed on this application.

(7) Signature: _____ **Date:** _____