NEW REGISTRATION APPLICATION (HVAC, HY, or RE)
1. All applicants must complete background information packet provided.
2. All applicants must present a copy of current state license.
3. All applicants shall include proof of current liability insurance, including completed operations in the amount of Five Hundred Thousand Dollars ($500,000.00) minimum, or as per State regulations.
4. All applicants must include proof of compliance with Chapters 4121 & 4123 of the Ohio Revised Code. (*workman’s compensation laws) Or include a notarized statement as to reason for your exemption.
5. All applicants must include a photo ID. (*a copy of your current state drivers license.)
6. All applicants must provide a Surety Bond to Trumbull County in the amount of Ten Thousand Dollars, ($10,000.00), on the original Bond Form provided.
7. Fees for all new applications shall be Two Hundred Dollars, ($200.00).

*Applications returned for incomplete information, improper bond form or unsigned bond form, or checks, or any other just cause, which require the application to be returned, shall be subjected to a reprocessing fee of Twenty Dollars ($20.00) for each additional processing.

RENEWAL OF EXISTING LOCAL REGISTRATION
1. Renewal fees for an existing registration shall be ONE HUNDRED DOLLARS ($100.00), per year.
2. Complete and submit an updated application form, and comply with items # 2,3,4,5, & 6 above.

RENEWAL DATES
1. Renewal dates for local registration shall be thirty days after the expiration date of the state license. (Jan. 31, April 30, July 31, Oct. 31)
2. Local registration NOT RENEWED with sixty days of expiration shall be subjected to a 100% late fee.
3. NO inspections shall be made for, or permits issued to, expired registrations.
APPLICATION FORM

Please be advised that I am employed full time and my TRUMBULL COUNTY SPECIALTY TRADE REGISTRATION is to be used Exclusively by: (PLEASE PRINT OR TYPE CLEARLY)

Name: __________________ Company Name:* _____________________________
*(AS IT APPEARS ON YOUR STATE LICENSE)

Address: __________________ Company Address: _________________________

City: __________________ Company City: ________________________________

State: _______ Zip: _______ Company State: _______ Zip: ______________

Email: ___________________ Federal ID#: ______________________________

Phone Number: ____________ Company Phone Number: __________________

200______ Local Contractor Number(s): _________________________________
200______ State License Number: ________________ Expiration Date: ______
   BWC Number: __________________

REVOCATION OF LOCAL REGISTRATION

LOSS OF LOCAL REGISTRATION FOR VIOLATIONS

Upon presentation to the Board of Examiner of charges that the holder of any registration has willfully or negligently violated any provisions of the Ohio Codes or the Trumbull County Standards.

The Board of Examiners shall fix a time and place for a meeting to consider such charges and shall notify the holder of the registration to be present at such meeting.

Such notification shall be in writing and shall be delivered to the holder at least five (5) days in advance of said meeting.

REASONS FOR REVOCATION OF REGISTRATION

● Failure to renew State License by Expiration Date each year
● Failure to pay registration fees
● The lending of one’s license to another
● Allowing other companies to use one’s registration to do any Specialty Contractor’s work in Trumbull County
● REPEATED violation of codes or Standards
● REPEATED FAILURE to obtain a permit

Affix copy of Driver’s License Here

________________________________________
Signature of State License Holder

________________________________________
Date
CONTRACTOR’S QUALIFICATION STATEMENT

TYPE OF WORK:

_____ ELECTRICAL
_____ WARM AIR HEATING
_____ AIR CONDITIONING
_____ WET HEATING

1. ORGANIZATION

1.1 HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS AS A CONTRACTOR?

____________________

1.2 HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS UNDER ITS BUSINESS NAME?

____________________

1.21 UNDER WHAT OTHER OR FORMER NAMES HAS YOUR ORGANIZATION OPERATED?

____________________

1.3 IF YOUR ORGANIZATION IS A CORPORATION, ANSWER THE FOLLOWING:

1.31 DATE OF INCORPORATION: 

1.32 STATE OF INCORPORATION: 

1.33 PRESIDENT’S NAME: 

1.34 VICE-PRESIDENTS NAME (S): 

1.35 SECRETARY’S NAME: 

1.36 TREASURER’S NAME: 

1.4 LIST JURISDICTION IN WHICH YOUR ORGANIZATIONS PARTNERSHIP OR TRADE NAME IS FILED.

____________________

2. LICENSING

2.1 LIST JURISDICTION AN TRADE CATEGORIES IN WHICH YOUR ORGANIZATION IS LEGALLY QUALIFIED TO DO BUSINESS, AND INDICATE REGISTRATION OR LICENSE NUMBERS, IF APPLICABLE.

2.2 HAS ANY OF YOUR COMPANIES REGISTRATIONS OR LICENSE BEEN REVOKED OR SUSPENDED? __________

IF SO, WHY: __________
3. EXPERIENCE

3.1 LIST THE CATEGORIES OF WORK THAT YOUR ORGANIZATION NORMALLY PERFORMS WITH ITS OWN FORCES.

3.2 ARE THERE ANY JUDGEMENTS, CLAIMS, ARBITRATION PROCEEDINGS OR SUITS PENDING OR OUTSTANDING AGAINST YOUR ORGANIZATION OR ITS OFFICERS?

3.3 HAS YOUR ORGANIZATION FILED ANY LAW SUITS OR REQUESTED ARBITRATION WITH REGARD TO CONSTRUCTION CONTRACTS WITHIN THE LAST FIVE YEARS?

4. REFERENCES

4.1 TRADE REFERENCES (2):

4.2 PERSONAL REFERENCES (2):

4.3 SURETY:

4.3.1 NAME OF BONDING CO.:

4.3.2 NAME AND ADDRESS OF AGENT:

5. SIGNATURE ________________________________

5.1 Dated at __________ this __________ day of ________________ 20_____.

Name of organization: ________________________________

_________________________________________________________________

_________________________________________________________________

BY: ________________________________
Title: ________________________________

being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as no to be misleading.

Subscribed and sworn before me this ____________ day of ____________ 20_____.

__________________________________
Trumbull County
MECHANICAL CONTRACTOR’S BOND

KNOW ALL MEN BY THESE PRESENT, That I, the undersigned (fill in exact name (s) and assignee business entity as appear on State License)

YOUR FULL NAME AND ADDRESS AS APPEARS ON STATE LICENSE

LIST ALL BUSINESS NAMES THAT YOU USE

Of the City________________________, State of _________________________, as Principal an ______________________________________________________ as Surety, are held firmly bound onto the County of Trumbull, Ohio , in the sum of Ten Thousand and 00/100 Dollars ($10,000.00), lawful money, for the payment of which, well and truly to be made we bind ourselves, our heirs, executors, administrators, and assigns firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATIONS ARE SUCH THAT, WHEREAS, the above name principal has made application to the County of Trumbull, Ohio, for registration as a Mechanical Contractor for a term of one year beginning __________ and ending ______________ pursuant to and under the provisions of the resolutions of Trumbull County, Ohio.

NOW, THEREFORE, if said Principal, during the term of said registration shall well and faithful indemnify and save harmless Trumbull County from all loss and damage that may be occasioned in any ways by accidents, caused by the negligence or by the want of care, skill or attention on his or its part or on the part of anyone in his or its employ; faithfully observe all federal and state law as applicable and all resolution of Trumbull County, governing the installation or the alteration, replacement, repair, design, or service of any mechanical work within Trumbull County, Ohio, then this obligation shall be void otherwise, to remain in full force and effect; the same may be sued on at the instance of any person, firm or corporation with whom the said principal may hereafter contract to do said work for any damage sustained by said person, Firm or Corporation on account of the Failure of said principal to perform the work contracted for in accordance with the resolutions and the rules and regulations aforesaid.

IN TESTIMONY WHEREOF, we have hereunto set our hands this __________ day of ______________, 20_____.

NOTE: Power of Attorney must be attached to all bonds and renewals.

SEAL MUST APPEAR ON BOND FORM.

Name of Registration Holder
BY: ______________________
SIGNATURE

Surety
BY: ______________________
SIGNATURE