



INSTRUCTION SHEET FOR THE O.C.I.L.B. **TRAINING AGENCY APPLICATION**

INCOMPLETE TRAINING AGENCY APPLICATIONS WILL NOT BE ACCEPTED.

- **Box 1** Training agency information, fill in completely
- **Box 2** Corporate Structure, fill in completely
- **Box 3** Training, fill in the information on the continuing education your training agency will be conducting.
- **Box 4** Responsibility, fill in completely
- **Box 5** Read the O.C.I.L.B. rules listed on the application and **initial**.
- **Box 6** Notarize application

Submit the completed application with a nonrefundable payment of a \$25.00 processing fee to OCILB. For check payment, please make payable to: Treasurer, State of Ohio.

****NOTE** IT IS A CRIMINAL OFFENSE AND A VIOLATION OF R.C. 2921.13 (a) TO MAKE A FALSE STATEMENT FOR THE PURPOSE OF MISLEADING A PUBLIC OFFICIAL**

**OHIO CONSTRUCTION INDUSTRY LICENSING BOARD
TRAINING AGENCY APPLICATION**

TRAINING AGENCY INFORMATION

- Agency Name _____
- Street Address _____
- City _____ State _____ Zip Code _____
- Telephone _____ Fax Number _____
- E-mail address _____
- Web Page Address _____

Is your training agency accredited? _____ Yes _____ No.

If yes, by whom? _____

Describe the purpose of this training agency?

Describe the educational benefits to be derived by contractors taking your continuing education courses:

CORPORATE STRUCTURE

- Owner of training agency _____
- Address of the owner of the training agency
Street Address: _____
City _____ State _____ Zip Code _____
- Is the owner of the training agency a local or state inspector whose participation in the training agency would create a conflict of interest as opinioned by the Ohio Ethics Commission Advisory Opinion 98-005?
_____ Yes _____ No (if Yes, please explain on a separate sheet and attach)
- Principal nature of Business (i.e., Trade Association, Supply House, Training Organization, Inspector, Contractor)

- Was your training agency established for the sole purpose of offering OCILB continuing education classes?
 Yes NO
- Can anyone attend your course? Yes No

TRAINING

- Continuing education courses to be offered for which of the following state licenses (check all that apply):
 Electrical HVAC Hydronics Plumbing Refrigeration
- Will this training agency utilize various instructors? Yes No

RESPONSIBILITY

- Who is the person responsible for complying with the OCILB laws and rules?

- Will this person also teach continuing education classes? (Please check one) Will not teach
 the only instructor principal instructor occasionally teach

O.C.I.L.B. RULES

- An individual must attend all hours of a continuing education course to receive credit. To be approved by the OCILB to conduct continuing education courses, you shall agree to do all of the following:
 1. When holding an approved OCILB course you must verify the person in attendance is the license holder by checking a photo ID and the license card issued by the OCILB
 2. Use the attendance report (form # 3522) furnished by the OCILB and provide all the information requested on the form. The training agency shall retain the original attendance report for a period of three years after the course is held.
 3. Attendance and the required fees must be submitted within 14 business days from the date of completion of the course. The agency must report the hours and pay the fees by electronic transmission.
 4. A classroom hour shall be no less than 50 minutes of classroom instruction. The remaining ten minutes shall be used only for breaks or administrative duties of the Training Agency or instructor.
 5. Allow an OCILB authorized representative to audit your course unannounced.
 6. Notify the OCILB a minimum of 14 days prior of any course offering dates this includes any changes in times or location and cancellations.

I hereby acknowledge that I have read the law and the rules governing training agencies and continuing education courses contained in section 4740.05 of the Ohio Revised Code and sections 4101:16-2 of the Ohio Administrative Code. I further agree to follow the continuing education rules and acknowledge that failure to abide by the continuing education rules may result in the administrative section disapproving my training agency status.

Initial Here _____

THIS APPLICATION MUST BE NOTARIZED

I solemnly swear that the answers and/or responses are complete and true.

Name of training agency: _____

Name of applicant: _____

Signature of applicant: _____

Date of application: _____

Subscribed and duly sworn before me according to law; by the above mention applicant this

_____ day of _____, 20____ at the County of _____, State of _____

Notary Public

My Commission Expires

FOR OFFICE USE ONLY:

Approved _____ Date _____

Not Approved _____ Date _____

Reason for not approving _____
