



Ohio Construction Industry Licensing Board

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Ted Strickland
Governor

Kimberly Zurz
Director

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 \$25 NONREFUNDABLE PROCESSING FEE TO OCILB. PLEASE MAKE THE CHECK PAYABLE TO: TREASURER, STATE OF OHIO.

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

_____ NEW _____ RENEWAL

TRAINING AGENCY INFORMATION

- Agency Name _____
- 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 STUCTURE

- Owner of training agency _____
- Address of the owner of the training agency _____
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

- Was this organization previously approved for OCILB continuing education classes? ____ Yes ____ No
- Training agency number _____ How Long? _____

RESPONSIBILITY

- Who is the person responsible for complying with the OCILB laws and rules? _____
- Will this person also teach continuing education classes? (Please check on) ____ 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. Record attendance and check a photo ID.
 2. Furnish the attendance report required by the OCILB within 14 business days of the completion of the course.
 3. The training agencies shall maintain a copy of every roster for a period of three years after course is held.
 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 no later than 14 days prior to any changes in the dates, times or location of any continuing education course conducted by your training agency.

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 4101:16-2-01 through 04 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 _____

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 _____