

## O.C.I.L.B. TRAINING AGENCY ATTENDANCE REPORT

The roster and the required fees must be submitted within fourteen business days from the date of completion for the course.  
The required fee is \$1 per person per credit hour

### Training Agency Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Training Agency Number \_\_\_\_\_

### Course Information

Course Number \_\_\_\_\_

Credit Hours \_\_\_\_\_

Instructor \_\_\_\_\_

### Authorized Signatures

\_\_\_\_\_

\_\_\_\_\_

License Type:   **HV**   **PL**   **HY**   **RE**   **EL**

Course Date \_\_\_\_\_

Subject Areas:   **Code**   **Business**   **H./Safety**   **Technology**

Start Time \_\_\_\_\_ End Time \_\_\_\_\_

### Type or Print Student Information

**Please note you must list the TRADE (EL, HV, HY, PL, RE) If a multiple license holder only one trade needs to be listed**

	<b>TYPED NAME</b>	<b>SIGNATURE</b>	<b>TRADE &amp; OHIO LICENSE ID #</b>
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TYPED NAME	SIGNATURE	OHIO LICENSE ID #
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