APPROVAL APPLICATION
FOR
OHIO HISTORICAL BOILER OPERATORS
TRAINING COURSE

1. OFFICIAL USE ONLY: ☐ Info. Verified ☐ Add. Info Requested ☐ Approved ☐ Denied
Date: Official Signature:

2. APPLICANT INFORMATION:

Name: _____ Application Date: _____

Address: _____ Work Phone: _____

City: _____ Home Phone: _____

State: _____ Zip: _____ Email: _____

3. INSTRUCTOR(S) INFORMATION:

Name: _____ H.B. License # _____

Name: _____ H.B. License # _____

Name: _____ H.B. License # _____

Name: _____ H.B. License # _____

(H.B. – Historical Boiler Operator License Number)

4. COURSE INFORMATION:

Course Name: _____

Training Site Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. TRAINING COURSE OUTLINE:

A training course outline/syllabus addressing the Board approved categories outlined in the body of knowledge for the State of Ohio historical boiler operator's license exam shall be enclosed with this application.

Submit Completed Application With Course Outline/Syllabus To:

Division of Industrial Compliance
Operations and Maintenance
6606 Tussing Road, P.O. Box 4009
Reynoldsburg, Ohio 43068-9009
614-644-2223
www.com.state.oh.us/dic