OHIO CONSTRUCTION INDUSTRY LICENSING BOARD
TRAINING AGENCY APPLICATION


**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

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. An OCILB authorized representative shall audit your course unannounced at any time.

  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.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED
TRAINING AGENCY INFORMATION

Agency Name ________________________________________________

Address ____________________________________________________ City __________________________

State _________ Zip: ________ . Phone: _______________________ Fax: _________________________

E-mail: ________________________________ 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:

Name: ________________________________ Email: ________________________________

Address: ________________________________ City: ________________________________

State: ________ Zip: __________ . Phone: _______________________ Fax: _________________________

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)

Principal nature of Business (circle one): 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

Person responsible for complying with the OCILB laws and rules:

Name: ________________________________ Job title with Agency: ________________________________

Phone: __________________ Fax: __________________

Email: __________________

If approved, will this person also teach continuing education classes? (Please check one)

____Will not instruct _____ the only instructor _____ principal instructor _____ occasionally instructor
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: ____________________________

Subscribed and duly sworn before me according to law; by the above mention applicant this ___ day of _____, 20___ in the County of ____________________, State of ________

________________________ Notary Public

________________________ My Commission Expires

Amount Due: $25.00 (non refundable – Application Fee – MUST be attached)

- Credit Card payments (Visa / Master Card only)
  
  Card Number: ____________________________ Expiration Date: ____________________________
  
  Name on the Card: ____________________________ Phone #: ____________________________
  
  Email: _______________________________________

- If paying by check, make payable to: Treasurer, State of Ohio
  
  Check #: ____________________________ Amount Due: $25.00

Mail entire packet to:

Ohio Construction Industry Licensing Board
6606 Tussing Road., P.O. Box 4009
Reynoldsburg, Ohio 43068

OFFICE USE ONLY:

Date ___________ Approved: _________ Denied: _________

Reason for Denial:_________________________________________________________________

________________________________________________________________________________