



Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor
Jacqueline T. Williams, Director

OHIO CONSTRUCTION INDUSTRY LICENSING BOARD TRAINING AGENCY APPLICATION

Any approved Training Agency will adhere to specialty section rules, procedures, and standards as set forth in rules 4101:16-2-01 , 4101:16-2-02 , 4101:16-2-03 , and 4101:16-2-04 of the Ohio Administrative Code.

*****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

Ohio Construction Industry Licensing Board
6606 Tussing Road
PO Box 4009
Reynoldsburg, OH 43068-9009 U.S.A.

Frank Alexander, Administrative Section Chairman

An Equal Opportunity Employer and Service Provider

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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: _____
