



**INSTRUCTION SHEET FOR O.C.I.L.B.**  
**COURSE RENEWAL FORM**

According to Ohio Administrative Code 4101:16-2-04 (C), the approval of a course of study or program of instruction shall be limited to one year unless the training agency fails to renew or the Administrative section does not approve the renewal of the training agency, meaning courses must be reapplied for each year. The attached form **MUST** be submitted for the renewal of **previously approved courses**, IF the courses **meet all of the following criteria**:

- **Course Number**
- Total **hours** of Course.
- **Trade** in which Course will be given.
- Previously approved **Instructor(s) Name(s)**
- Course offering **date(s), exact location(s), and the starting / ending times**
- Form MUST be **Notarized**
- Renewal Fee of **\$10 per course plus \$1 per credit hour** MUST be attached

- **Credit Card payments**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Phone # \_\_\_\_\_

Amount Due: \_\_\_\_\_

- **If paying by check, make payable to: Treasurer, State of Ohio**

Check #: \_\_\_\_\_ Amount Due: \_\_\_\_\_

**Mail entire packet to:**

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

-or-

**fax to: 614-728-1200**

\*\*\*NOTE: COURSES MUST BE CURRENT IN ORDER TO BE RENEWED AND THE INITIAL APPROVAL DATE CAN NOT BE MORE THAN THREE YEARS. COURSES THAT WERE FIRST APPROVED MORE THAN THREE YEARS MUST BE RE-APPLIED FOR ON A NEW COURSE APPLICATION AND SUBMITTED WITH THE REQUIRED ATTACHMENTS. PRIOR APPROVED AGENCIES CAN ONLY RENEW THE SAME COURSE TWICE.

**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.**

# COURSE RENEWAL FORM FOR PREVIOUSLY APPROVED COURSES

APPROVED TRAINING AGENCY NAME & NUMBER \_\_\_\_\_ TA.# \_\_\_\_\_

**THE REQUIRED FEE OF \$10 PER COURSE PLUS \$1 PER CREDIT HOUR MUST BE ATTACHED**

Previously Approved Course #	Date of First APPROVAL	Total Hours of Course	INSTRUCTOR	Course Applies to: EL, HV, PL, RE, HY	Date, Time, and <u>COMPLETE</u> Physical Address of Course Location. (one date per line)

*I solemnly swear that the answers and/or responses are complete and true.*

Name of applicant \_\_\_\_\_ Signature of applicant \_\_\_\_\_ Date of application \_\_\_\_\_

Subscribed and duly sworn before me according to law by the above named applicant this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ in the County of \_\_\_\_\_,

State of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires