OJT Instructor Application

Student's Name _____

OJT Instructor Information

Name (print) _____ Date_____

BCAIB Licenses Held _____ Number _____
NOTE: copy of licenses must be attached to application

ICC certifications held _____

Jurisdiction/ Company _____

Mailing Address _____

City _____ State_____ Zip _____

Office Phone _____ Cell _____

Email _____

On the Job training

➢ 72+ OJT hours must be completed and documented to complete the program
➢ I have reviewed the program information about OJT training
➢ I have looked at the software with the student to see how to upload documentation
➢ I understand that at the end of the OJT I will have to sign and notarize a statement that all OJT information is true and accurate. Any false information may put my licenses as well as the students licenses in jeopardy

_____
Applicant Signature