



OJT Instructor Signoff

Student's Name _____ ID # _____

OJT Instructor Information

Name (print) _____ Date _____

BCAIB Licenses Held _____ Number _____

NOTE: Current copy of licenses must be attached to application

Mailing Address _____

City _____ State _____ Zip _____

Office Phone _____ Cell _____

Email _____

On the Job Training (initial each item)

_____ I have reviewed the attached OJT documentations (printout) and **initialed each page** and found it to be accurate. **# of hours** _____

_____ I understand any false information could put my licenses as well as the students licenses in jeopardy

Applicant Signature

Date

State of Florida
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, who is personally known to me or produced _____ as identification.

SEAL

Printed Name of Notary

Interoffice

Date received _____

Processed by _____

Number of pages _____