



OJT Instructor Application

Student's Name _____ ID number _____

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

Interoffice Received _____ Student ID number _____