



Student Signoff

Student ID _____ Date _____

Student's Name _____

BCAIB Licenses Held _____ Number _____

NOTE: Current copy of licenses must be attached to form

(initial each item)

____ I have completed the 128 core training program with a passing grade of 70 or more

____ I understand any false or misleading information could put my licenses in jeopardy

On The Job Trainer	Lic Number	Hours

_____ *Applicant Signature* *Date*

State of Florida
 County of _____

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

SEAL

 Printed Name of Notary

Interoffice

Date received _____

Processed by _____

Number of pages _____