

Title of Training Course: _____

Brief description if syllabus or outline not provided: _____

Dates and times of Continuing Education Training: _____

Cumulative number of hours covered by the Training:

(Cumulative number of hours) (Lunch\Dinner Break, if applicable) (Other Breaks, if applicable)

Part Three:

Affidavit: I do solemnly swear that the answers given by me on this application and the information contained on all attachments are the truth and are complete to the best of my knowledge.

Signature of Applicant

Date

* Approved by the Building Official Certification Committee under procedures established for such purpose.

** The organization offering the Special Seminar or program, or course of study.

Date / Vote of Committee: _____ Course Number/Contact Hours/Category _____: