

BOAF Application # \_\_\_\_\_

Date Received by BOAF \_\_\_\_\_

(Assigned by BOAF Office\*)



# Building Officials Association of Florida

## Cross Training Pre-Participation Registration Application

**This certificate and one-half (1/2) of the required fee, currently \$125 of the \$250 fee, must be submitted to and approved by BOAF prior to starting cross training. The remaining \$125 of the total \$250 will be due with your completed application.** An approved, dated copy of this certificate will be returned to you as proof of enrollment in the program. Please be sure to read all of the information related to this program prior to your submission. All rules and instructions are posted on the BOAF website, cross training page. As these rules are subject to change on occasion, in conformance with BCAIB approval, we suggest you refer to the web pages during your training to stay abreast of any changes that may occur. You will have three (3) years from the approval date to complete both the field and classroom training related to this approval.

\_\_\_\_\_ desires to start the training of  
(Name of jurisdiction/firm)

\_\_\_\_\_ License # \_\_\_\_\_  
(Name of trainee and number as it appears on their current standard license from DBPR) in the category of (Choose desired category, **Maximum of 2**):

	Minimum Required Hours:	<u>Field</u>	<u>Classroom</u>
___ Building Inspector		250	35
___ Building Plans Examiner		250	85
___ Electrical Inspector		250	35
___ Electrical Plans Examiner		250	35
___ Mechanical Inspector		182	28
___ Mechanical Plans Examiner		182	28
___ Plumbing Inspector		182	28
___ Plumbing Plans Examiner		182	28
___ 1&2 Family Dwelling Inspector		450	Varies

BCAIB Licenses Currently Held and Endorsements:

BN \_\_\_\_\_

( ) Building ( ) Electrical ( ) Mechanical ( ) Plumbing ( ) 1&2 Family Dwelling

PX \_\_\_\_\_ ( ) Building ( ) Electrical ( ) Mechanical ( ) Plumbing

BU \_\_\_\_\_ SFP \_\_\_\_\_ Other \_\_\_\_\_

\* Your Application Number will remain with this certificate through completion  
 By our signatures below, we certify we have read the rules and instructions for the BOAF cross training program and agree to abide them. We understand the standard licensed Building Official signing this form is responsible to monitor the training, performed by a standard licensed certificate holder in the category sought of the standard licensed trainee shown here. The time spent on training as documented by the OJT forms will be field training and no classroom training, accept as pre-approved by BOAF will count toward the required time. Training will be documented to the nearest quarter hour and verified by the Building Official. Training time is to be appropriate to the category sought and those areas specified on the training checklists should be stressed. Additional training is permitted as well to ensure complete knowledge and understanding of the category sought. By request for approval for Field Training, I certify that I have read and understand the BOAF Cross Training Program Application and that all Field training (OJT), must be under the supervision of and substantiated by a Trainer (an active, standard licensee in the appropriate specified category whose primary duty is practice in that category requested by the Trainee) and approved by the Building Official (BCA) of the Authority Having Jurisdiction.

Anticipated Trainers: Name	Standard License #	License (Endorsement) Date <b>For THIS Discipline</b>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

_____	_____	____/____/____
Building Official Signature	BO Standard License (BU) #	Date Issued

\_\_\_\_\_ BOAF Member # \_\_\_\_\_  
 Building Official Printed Name

_____	_____	____/____/____
Trainee Signature	Standard License #	Date of License Issuance

\_\_\_\_\_ BOAF Member # \_\_\_\_\_  
**Trainee** Printed Name

**E-Mail (Required)** \_\_\_\_\_@\_\_\_\_\_

**Trainee Personal Data:**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone(\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Office Phone(\_\_\_\_) \_\_\_\_\_

**Employer Information**

Name of Employer: \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Form of payment**

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ Discover

\_\_\_\_\_ Check Enclosed, Payable to BOAF CVV2 Code \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name (as it appears on card) \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature : \_\_\_\_\_

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**Do not write below this line - BOAF Office Use Only**

Date Approved \_\_\_\_\_ Authorizing Signature \_\_\_\_\_

Date Paid \_\_\_\_\_ Approved through \_\_\_\_\_

How Paid: Check    Credit Card    Cash    Money Order

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_