

Please e-mail completed form to: randalld@pdigm.com

O.C.I.L.B. TRAINING AGENCY ATTENDANCE REPORT

The roster and the required fees must be submitted within fourteen business days from the date of completion for the course.

The required fee is \$1 per person per credit hour

Training Agency Information

Name Paradigm Liaison Services

Address 222 S. Ridge Road

City, State, Zip Wichita, Kansas 67209-2113

Training Agency Number: 733

Course Information

Course Number _____

Credit Hours: 2.0

Instructor _____

Instructor Signatures

Mark Courtney

License Type: HV PL HY RE EL

Course Date _____

Subject Areas: Code Business H./Safety Technology

Start Time _____ End Time _____

Type or Print Student Information

Please note you must list the TRADE (EL, HV, HY, PL, RE) If a multiple license holder only one trade needs to be listed

PRINTED NAME	SIGNATURE	TRADE & OHIO LICENSE ID #
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PRINTED NAME	SIGNATURE	OHIO LICENSE ID #
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