



On the Job Training Application

Section 1

Company Information

Enter your company information as it would appear on contract: *

Company Name:	Street/Mailing Address:
City:	State:
Postal Code:	County:

Is your company a subsidiary of another company or affiliated with a parent company? Choose one.

Yes	No
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Enter your parent company information:

Parent Company Name:	
Street:	City:
State:	Postal Code:

Enter your contact information: *

First Name:	Last Name:
Title:	
Phone:	Fax:
E-mail Address:	
Company URL:	

Enter an alternate contact's information:

First Name:	Last Name:
Title:	
Phone:	Fax:
E-mail Address:	
Company URL:	

Enter your company information: *

Date of inception:	Total # of full-time employees at this location:
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Legal structure of your business: *Choose one. **

Sole Proprietor	Partnership
Corporation	Non-Profit
Leased	Other

If “other”, specify:

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Enter your company information:

*Employer's FEIN # (9 digits):	Unemployment Comp ID #:
Florida sales tax registration #:	Registration # (13 digits):

Enter your NAICS code: *You may search for your NAICS code at siccode.com or the U.S. Census Bureau. **

Primary NAICS Code (6 digits):	Secondary NAICS (if applicable):
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Is your company current on all state of Florida tax obligations? *Choose one. **

Yes	No
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Please estimate the total amount your company will spend on training in this year: *

Total dollar amount:

I or this company certify NOT having received a federal debarment notice: *Choose one. **

Yes	No
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Is your company receiving/applying for any other federal training funds? *Choose one. **

Yes	No
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Is your company currently receiving federal funding from other sources that require the company to comply with the Federal Single Audit Act? *Choose one. **

Yes	No
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If “yes”, specify:

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Description of your business, product(s) and/or service(s): *

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Section 2

Training Positions

Position(s) requested for On the Job Training:

Title:	Number:
Job description attached: <i>Pick one</i>	
Yes	No
Wage rate:	
Amount requested for reimbursement: (wage rate X 50%):	

I certify this OJT hire is not displacing a current employee: Choose one. *

Yes	No
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Section 3

Certification by Authorized Company Representative

Authorized company contact: *

Signature of Authorized Contact	
First Name	Last Name
Title	Phone
E-mail Address	
Date Signed	

Application prepared by: (if different from authorized company representative above)

Full Name	
Title	Phone
Company	
E-mail Address	

Authorized company address:

Street	City
State	Postal Code

Would the authorized company representative like to have another party be included in correspondence relating to the application: Choose one.

Yes	No
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Florida Department of Revenue Tax Clearance Letter or Certificate of Compliance

You may request your Tax Clearance Letter online via the [Florida Department of Revenue](#), which must be dated within 45 days of application submission. Once your company receives the letter, submit it as part of your application process.

DOR Clearance Letter: *

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W 9 Tax Form

You must submit a completed IRS W 9

941 Tax Return: *

Certificate of Completion

Complete this section to certify all sections of the On the Job Training application have been completed and that all required documentation has been attached.

Business name as it would appear on contract: *

Name of individual certifying application completion:

E-mail:

I certify all sections of the On the Job Training application have been completed and all required documentation has been attached: *Choose one.*

Yes	No
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