

## PLEASE PRINT CLEARLY IN ALL INFORMATION FIELDS

				ACTIVE INT	ERN			
OBOA MEMBER #	B.C.I.N #	SURNAME: MR.		MRS.	MS.	GIVEN NAMES(S)	GIVEN NAMES(S)	
ADDRESS					APT	CITY	PROVINCE	
POSTAL CODE	E-MAIL AD	DRESS			HOME PHO	DNE	ALTERNATE PHONE	
REASON FOR EXTENSION								
		<u> </u>						
DATE INTERN SIGNATURE MENTOR ACKNOWLEDGMENT OF EXTENSION								
OBOA MEMBER #	B.C.I.N #	SURNAME: MR.		MRS.		GIVEN NAMES(S)		
	D.0.1.14 #	SOTINAME. MIT.						
	DATE					MENTOR SIGNA	TURE	
MUNICIPAL ACKNOWLEDGMENT OF EXTENSION								
СВО	B.C.I.N #	SURNAME: MR.		MRS.	MS.	GIVEN NAMES(S)		
DATE						MUNICIPAL SIGNATURE		
You agree to serve as an intern under the OBOA guidelines. OBOA does not supervise interns, and is not responsible for any actions or failure to act by the intern, or any actions, suits, claims, demands, losses, damages, penalties, fines or other costs related thereto, all of which remain the responsibility of the intern and his/her employer.								
Privacy Policy								
OBOA respects your privacy							oplication, if you are accepted as an	
intern, OBOA shall be permitted to post your name as an intern and the name of your employer on its website and to inform the Ministry of Municipal Affairs and Housing (Ontario) of your status as an intern for posting on its website.								
					o a third party only	y upon the written authorization of	of the individual or by exception as noted	
under the Release of Informa	ation section of th	he Privacy Act and the F	reedom of Ir	formation Act.				
OBOA APPROVAL				REF	USED EXTENSION	EXTENSION GRANTED		
DATE								
The Ontario Building Officials Association does not directly supervise Intern Building Code Officials.								
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		200 Maryo		OA Contact Info		tario I 4I 5X4		
200 Marycroft Avenue, Unit 8, Woodbridge, Ontario L4L 5X4 Telephone (905) 264-1662 Training Fax (905) 264-7609 Administration Fax (905) 264-8696								