



Part 1: RELATED BACKGROUND

Print Clearly in Ink

1 Intern Qualification Request /Check all that are Required		Small Buildings <input type="checkbox"/> Plumbing - All Buildings <input type="checkbox"/> Building Services <input type="checkbox"/> Building Structural <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection <input type="checkbox"/> On-Site Sewage Systems <input type="checkbox"/>
Tier 1 <input type="checkbox"/> House <input type="checkbox"/> Plumbing - House <input type="checkbox"/> HVAC - House <input type="checkbox"/> On-Site Sewage Systems <input type="checkbox"/>	Tier 2 <input type="checkbox"/>	

2 Personal Information		OBOA Membership Number:
Legal Last Name	Former Last Name: (if applicable)	
Legal First Name:	Middle Name (no initials):	
Preferred First Name:		
Mailing address (P.O., box, street, city, province):		
E-mail Address:		
Postal Code: <input type="text"/>	Home Phone No.: ()	Day Time Phone No.: ()
Signature of Applicant:		Date (yyyy/mm/dd):

3 Employer Information		
Municipality:		
Mailing Address (P.O. Box or Street):		
City and Province:	Postal Code: <input type="text"/>	
Phone No.: ()	Alternate Phone No.: ()	Fax No.: ()
Site Address: (if different from above)		
City and Province:	Postal Code: <input type="text"/>	
Phone No.: ()	Alternate Phone No.: ()	Fax No.: ()
E-mail Address:	Name of CBO or Clerk:	
Start date with Municipality (yyyy/mm/dd)?		

4 Education And Training -Level Of Education Completed

If you have attended High School in Canada please fill out the information below.

Name of High School:
(attending or most recently attended)

City Town
of High School:

Last Year
Attended:

Last Grade
Attended:

If outside Canada please attach resume

Describe the formal or technical training courses you have completed. If you need more space, put the additional information on a separate page. Attach a copy of all supporting documentation (e.g., certificate, diploma, or transcript) to your application.

Course Or Program	University/ College/ Technical Institute	Location & Mailing Address	Date Started	Degree/Diploma/Certificate /Obtained
			Date Completed	
Course Or Program	University/ College/ Technical Institute	Location & Mailing Address	Date Started	Degree/Diploma/Certificate /Obtained
			Date Completed	

What is the name of the trade on the credential? (if applicable)

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What is the name of the province/ state/country/company/organization that issued it? (if applicable)

What is the date of issue on the credential? (if applicable)

If there is an Interprovincial Red Seal on this credential, what is the number on it? (if applicable)

Ministry of Municipal Affairs Qualification Level Achieved

5 Work Experience

Name of Current or most recent employer/ municipality, address and phone number/Area Code	Name of contact person, position and phone no. / Area Code			Task Performed
	Dates worked/ Months and hours of hands on experience			
	Date Started		Date Finished	
	Total Months		Total Hours	
Name of Current or most recent employer/ municipality, address and phone number/Area Code	Name of contact person, position and phone no. / Area Code			Task Performed
	Dates worked/ Months and hours of hands on experience			
	Date Started		Date Finished	
	Total Months		Total Hours	
Other	Name of contact person, position and phone no. / Area Code			Task Performed
	Dates worked/ Months and hours of hands on experience			
	Date Started		Date Finished	
	Total Months		Total Hours	



APPLICATION FOR INTERNSHIP: BUILDING CODE OFFICIAL

OBOA requires complete and signed Applications in order to process your application for internship. Do not sign this Application in black. Do not submit copies of the Application. All outstanding dues and fees of the applicant shall be paid in full prior to OBOA accepting you as an intern. OBOA retains sole discretion to approve an applicant as an intern.

Part 2: BACKGROUND/PAYMENT INFORMATION

PLEASE PRINT CLEARLY IN ALL INFORMATION FIELDS

APPLICANT					
OBOA MEMBER #	B.C.I.N #	SURNAME: MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>	GIVEN NAMES(S)
ADDRESS		APT		CITY	PROVINCE
POSTAL CODE	E-MAIL ADDRESS		HOME PHONE	ALTERNATE PHONE	
Have you requested Internship previously? YES <input type="checkbox"/> NO <input type="checkbox"/>					
POSITION		DATE			
<i>I hereby authorize the Ontario Building Officials Association to forward or release my Record as indicated without legal implication.</i>					
DATE			INDIVIDUALS SIGNATURE		
MENTOR					
OBOA MEMBER #	B.C.I.N #	SURNAME: MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>	GIVEN NAMES(S)
DATE		SIGNATURE			
MUNICIPAL AUTHORIZATION					
CLERK /CBO	B.C.I.N #	SURNAME: MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>	GIVEN NAMES(S)
DATE		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.					
<p>Privacy Policy OBOA respects your privacy and personal information. Our Privacy Policy is set out in our website www.oboa.ca. You agree that by submitting your Application, 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. Under current provincial law, an individual's records are considered confidential and will be released to a third party only upon the written authorization of the individual or by exception as noted under the Release of Information section of the Privacy Act and the Freedom of Information Act.</p>					
OBOA APPROVAL			<input type="checkbox"/>	REFUSED	<input type="checkbox"/>
DATE			SIGNATURE		
The Ontario Building Officials Association does not directly supervise Intern Building Code Officials.					
FEES:		\$150.00 Plus HST - Non Refundable			
PLEASE INDICATE METHOD OF PAYMENT					
FULL PAYMENT MUST ACCOMPANY THIS REQUEST. ONLY METHODS OF PAYMENT BELOW ARE SUPPORTED					
<input type="checkbox"/> CERTIFIED CHEQUE	<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA		
CREDIT CARD #		EXPIRY DATE	CARDHOLDER SIGNATURE		
CARDHOLDER NAME (if different from above)					

OBOA Contact Information
 200 Marycroft Avenue, Unit 8, Woodbridge, Ontario L4L 5X4
 Telephone (905) 264-1662 Training Fax (905) 264-7609 Administration Fax (905) 264-8696



Internship Application Checklist

1. **Internship Application Paid**
 2. **Applicant Paid Membership**
 3. **Mentor Paid Membership**
 4. **Applicable Sections Filled Out**
 5. **Endorsement Letter on
Municipal Letterhead**
 6. **Mentor – MMAH Qualifications
Print-Out**
 7. **Certificate of Appointment for
Intern Building Code Official**
- or
- To Follow**



Township of Perth East

P.O. Box 455, 25 Mill Street East
Milverton, Ontario N0K 1M0

Grant Schwartzentruber
Chief Building Official
Phone (519) 595-2800 Ext. 222
Fax (519) 595-2801
1-888-712-0618

Email-gschwartzentruber@pertheast.on.ca

February 03, 2009

Ontario Building Officials Association
200 Marycroft Avenue-Unit 8
Woodbridge, ON L4L 5X4

Attention: Internship Review Committee

Dear Committee Members:

Re: Internship Application.

Please find attached an Internship Application for Martin Feeney, Building Inspector for the Township of Perth East. As Chief Building Official for the Township of Perth East, this will confirm that I support this application for Internship, and that I will be the Mentor for Mr. Martin Feeney.

Should you have any questions regarding this application, please contact me at (519)595-2800 ext. 222.

Yours truly,

Grant Schwartzentruber
Chief Building Official, Township of Perth East
BCIN 15430