

Training Provider Application Sample Format and Instructions

This SAMPLE print application is provided to make it easier for you to collect the application information before completing the application online.

Please note: The application **MUST** be completed **ONLINE** (it cannot be completed on paper and mailed).

Please note:

- Once you start to complete the application online, you cannot “save in progress” so you must complete it all at once.
- You will need to disable pop-up blockers before you can access the BCIS system.
- Payment must be made in the amount of \$25 at the end of the application process – the application will not go through without it. Payment methods accepted are American Express, Discover, Mastercard, and Visa credit cards or electronic check.

Training Provider Application – As formatted in the BCIS

Individual Information

(Required fields are notated with an *)

Login (*) _____

Password (*) _____

Confirm Password (*) _____

Last Name (*) _____

First Name (*) _____

Middle Name _____

Suffix (Jr., III...) _____

Title _____

Mailing Address (*) _____

City (*) _____

State (*) (Select from drop-down list) _____

Zip (*) _____

County (*) (Select from drop-down list) _____

Country _____

Primary Phone (*) (digits only, no hyphens or periods) _____

Email (*) _____

Web Address _____

Fax (digits only, no hyphens or periods) _____

Business Information

This information is only required if different from your individual information.

Business/Firm Name (*) (Select from drop-down list)

Web Site http:// _____

Federal ID _____

Email _____

Fax _____

Business Location Address (*) _____

City (*) _____

State (*) (Select from drop-down list) _____

Zip (*) _____

County (*) (Select from drop-down list) _____

Country _____

Board (*) (Select from drop-down list) _____

DBPR Provider Number (*) _____

Public

Private