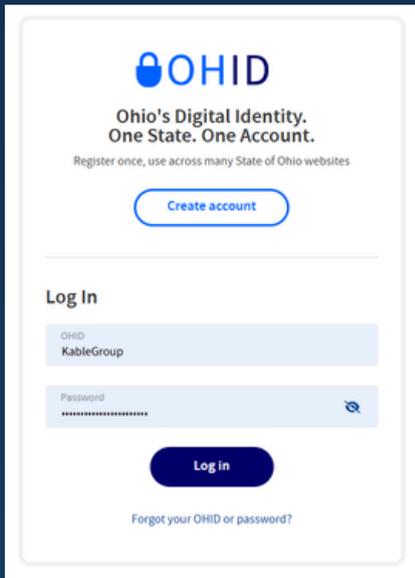


TECHCRED STEPS



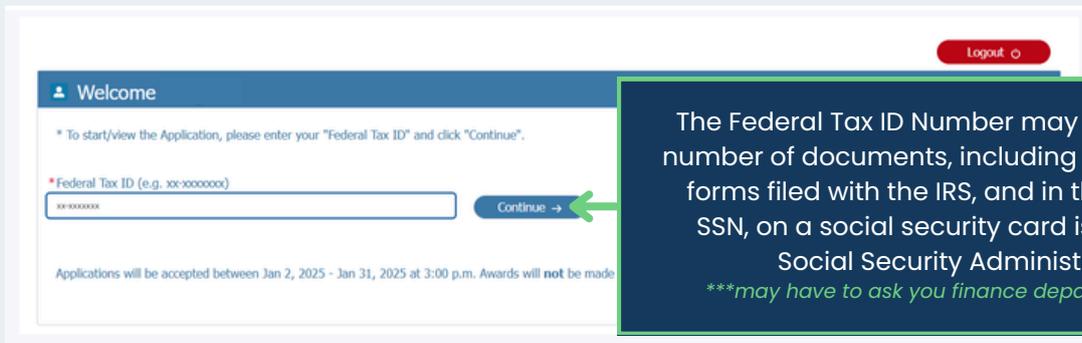
Step 1: Log into application portal:

[Apply | TechCred](#)

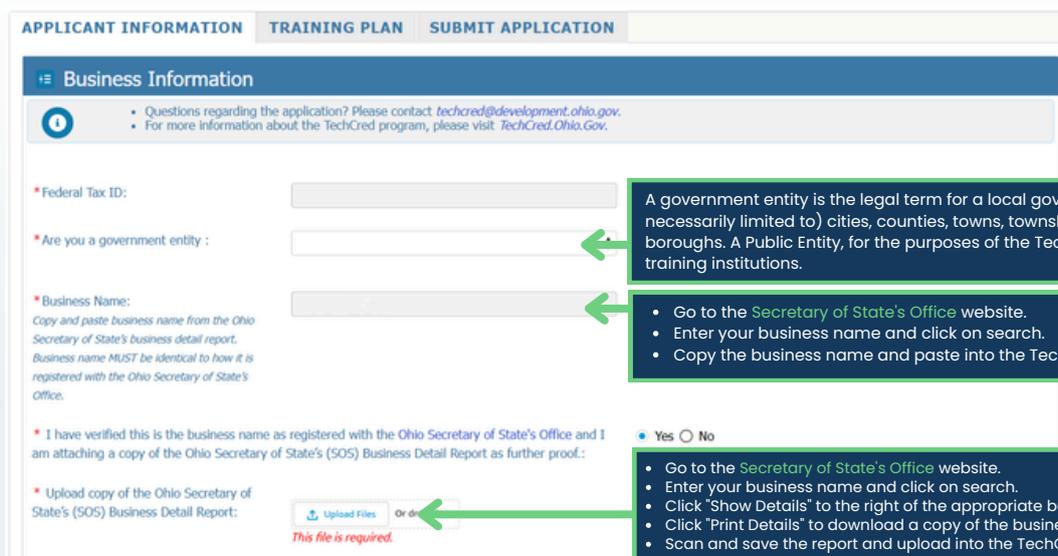
- OHID login required
 - Go to ohid.ohio.gov
 - Log in with your username and password
 - Click the human icon in the top right corner
 - Your OHID user ID will appear in the drop-down menu

Step 2: Enter Federal Tax ID

Step 3: Input "Business Information"



The Federal Tax ID Number may be found on a number of documents, including tax returns and forms filed with the IRS, and in the case of an SSN, on a social security card issued by the Social Security Administration.
****may have to ask you finance department for this.*



A government entity is the legal term for a local governing body, including (but not necessarily limited to) cities, counties, towns, townships, charter townships, villages, and boroughs. A Public Entity, for the purposes of the TechCred Program, will include public training institutions.

- Go to the [Secretary of State's Office](#) website.
- Enter your business name and click on search.
- Copy the business name and paste into the TechCred application.

- Yes No
- Go to the [Secretary of State's Office](#) website.
- Enter your business name and click on search.
- Click "Show Details" to the right of the appropriate business/entity#.
- Click "Print Details" to download a copy of the business' detail report.
- Scan and save the report and upload into the TechCred application.

* Ohio Charter/Entity Number:
This number is referred to as the Entity Number on the Ohio Secretary of State's Business Filing Portal. This field must be 7 digits; if your entity number is 6 digits, please add a zero as the first digit.

- Go to the [Secretary of State's Office](#) website.
- Enter your business name and click on search.
- Copy the entity number and paste into the TechCred application.

* Payee ID Number
(Do Not Enter your Registration Number):

- ***Applicant companies must be registered as a payee with the State of Ohio to be reimbursed for approved training costs.
- The Payee ID account must include the applicant's legal business name as it is registered with the Ohio Secretary of State's Office and the IRS and include the address listed in this application.
- To register as a new payee or update an existing account with the State of Ohio visit <https://ohiopays.ohio.gov> and follow the prompts until completed.
- Once submitted, you will receive an email confirmation with a registration number. THIS IS NOT YOUR PAYEE ID NUMBER.
- Once this information has been approved, you will receive a second email that provides you with your ten-digit State of Ohio Payee ID. THIS IS THE NUMBER YOU ENTER AS YOUR PAYEE ID NUMBER.
- Questions regarding the Payee ID number? Please visit <https://ohiopays.ohio.gov>
- Please note that it typically takes 7-10 business days to update or create a Payee ID account.

Minority Owned Business:

Woman Owned Business:

* Applicant's Non-Residential Business Address:
(Must be an Ohio address)

* City:

* State/Province:

* Zip Code:

* County:

* Business Industry:

* Number of Full-Time Employees in Ohio:

* Business Website:

Business Contact Information

* First Name:

* Last Name:

* Phone Number:

* Business Contact Email (This must be an individual, not an office):

* General Email (Please include a general email where we can reach the company in case you are no longer available):

* Job Title:

* Is person completing application different than Business Contact?

Person Completing Application if different than Business Contact:

* Business Name:

* First Name:

* Last Name:

* Phone Number:

* Email:

Professional Employer Organization

* Are your employees employed through a certified Professional Employer Organization (PEO) registered with the Ohio Bureau of Worker's Compensation?

* Federal Tax ID:

* Business Name:

* Ohio Charter/Entity Number:

* Ohio Bureau of Workers Compensation Policy Number:

Your Ohio Bureau of Workers Compensation Policy Number can be found by searching your organization's name, [Ohio Bureau of Worker's Compensation](#). To request a PEO Registration form or an AEO Registration form, please contact the PEO/AEO Unit at (614) 441-0759.

* Address:

* City:

* State:

* Zip:

* First Name:

* Last Name:

* Phone Number:

* Email:

* Website:

APPLICANT INFORMATION TRAINING PLAN SUBMIT APPLICATION



- To view/edit any existing Credential, please click "View/Edit" in that particular row.
- To delete any existing Credential, please click "Delete" in that particular row.
- Questions regarding the application? Please contact techcred@development.ohio.gov.
- For more information about the TechCred program, please visit TechCred.Ohio.Gov.

Credential Name	Reimbursement Amount per Employee	Number of Incumbent Employees	Number of Prospective Employees	Total Number of Employees	Total Reimbursement Amount	Status	Actions
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Total Reimbursement Amount Requested = **\$0.00**
 Total Credentials Requested = **0**
*Maximum Amount May Not Exceed \$20,000

+ Add Credential

For more information on what you need for the credentials, see below:

← Previous Home Save Next →

Add Credential

Credential

Credential Select Credential

* Will this credential be completed:
 choose one...

Expenses per Person

* Training Cost per Person (May include tuition, lab fees, manuals, textbooks)

* Full Name of Training Provider (Training providers are no longer eligible to receive reimbursement for employees trained in-house. If a training provider wishes to utilize TechCred to upskill their employees, they must use an outside training provider.)

* Type of Training Provider (Eligible training providers include: universities, community colleges, technical centers, and private training providers. TechCred will not reimburse employers for internal training or credentialing programs unless the training is provided by an outside training provider.)

* Total Actual Cost per Person

* Reimbursement Amount Requested per Person

Employer Contribution per Person

Trainee Information

* Number of Incumbent Employees Who Will Earn the Credential (employees currently on your payroll)

* Number of Prospective Employees Who Will Earn the Credential (employees to be hired)

* Total Number of Employees Who Will Earn the Credential

Total Reimbursement Amount Requested

Total Employer Contribution

+ Save & Close x Cancel