



# 2012 Spring Craft Training Application

New Orleans/Bayou Chapter  
101 Riverbend Drive  
St. Rose, LA 70087  
Phone: 504-468-3188



**Only Original Applications will be accepted.**

*Please Print Clearly*

## Student Information

## Course Information

Name: First MI Last

Course Name

Mailing Address

100 150 200 250 300 350 400 450  
Level (Circle One Course Level)

City State Zip Code

## Education Experience Information

Social Security Number Date of Birth

Check all that apply:

Cell Phone Number

Actively Pursuing GED—location: \_\_\_\_\_

Home Phone Number & eMail Address

High School Diploma/GED

Emergency Contact Name Phone

Vo-Tech (number of years attended) \_\_\_\_\_  
Program Completed? \_\_\_\_\_

College (number of years attended) \_\_\_\_\_ Degree? \_\_\_\_\_

## Optional Information

## High School Information

Sex Ethnic Background

THE RECRUITMENT, SELECTION AND TRAINING OF ABC STUDENTS IS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, SEX, AGE OR PHYSICAL HANDICAP.

High School Name

Welding Instructor Name (If Applicable)

Graduation Date

**Do Not Write in this Space** **For Office Use Only**

- New  Sponsored
- Returning  Un-sponsored

Date Paid: \_\_\_\_\_ Amt. Paid:\$\_\_\_\_\_ Int.\_\_\_\_\_

- Money Order # \_\_\_\_\_
- Invoice PO # \_\_\_\_\_
- Company Check # \_\_\_\_\_
- Personal or Company Credit/Debit Card: (circle one)

Credit/Debit Card # \_\_\_\_\_

Exp. \_\_\_\_\_ Credit Card CVV2# \_\_\_\_\_

Outstanding Balance: \$ \_\_\_\_\_

Tuition must be paid in full **BEFORE** classes begin on August 22.

Trade \_\_\_\_\_ Start Date \_\_\_\_\_

Code to: \_\_\_\_\_

### **Hold Harmless and Indemnity Agreement**

*I understand that if I am accepted into the program, I am responsible for payment of my tuition. I understand that misrepresentation or omission of facts is cause for dismissal from the program. I understand that my employer will be provided with copies of my attendance and grades. I understand that I am responsible for all medical expenses related to any injury. I hereby authorize the Registrar of the National Center for Construction Education and Research to verify information in my craft training records to Sponsor Representatives upon request. I release and hold harmless New Orleans/Bayou Chapter Associated Builders and Contractors, Inc. (ABC), ABC committees, the ABC Education Trust and the Craft Training Registry for this verification process and any injury.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALL FEES ARE NON-REFUNDABLE:** \$45 registration and \$75 book fee for all non-welding students must be paid prior to the deadline. Registration received after January 6, will be charged an additional \$50 fee. All welding students must pay an extra \$55 welding fee.

Tuition must be paid in full **BEFORE** classes begin on January 17.

**On this page, you only have to complete the information with an \* beside it.**



## Registration and Release Form

**Important:** Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant, or instructor transcripts, training, and assessment records.

ATS/AAC Name: \_\_\_\_\_

Check one:     Trainee             Participant             Instructor

\* Name: \_\_\_\_\_

\* SS#/NCCER Card #: \_\_\_\_\_ *(numbers other than SS# must be obtained from the registry department)*

Job Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby authorize the NCCER registry department to verify information in my training records to Sponsor Representative/ Primary Administrator upon request. I release and hold harmless NCCER for this verification process.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if required)*

### OPTIONAL

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NOTE:** To be entered in NCCER's National Registry, you must complete and sign this Registration and Release form. This form must either be forwarded by your ATS/AAC to NCCER's registry department, or the ATS/AAC may choose to maintain the Registration and Release forms locally and provide the registry with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized officer of the ATS/AAC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should **NOT** be distributed without properly documented release information from the trainee/participant.

Mail / fax to: NCCER - Registry Department  
3600 NW 43rd St, Bldg G • Gainesville, FL 32606  
P 352.334.0911 ext. 114/116/117/118 • F 352.334.0929