



2012 Spring Craft Training Application

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



Accredited Training Sponsor

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

Employment 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

Company Name

Plant Name

Supervisor Name

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