



Craft Training Program Application Form – **Continuing Electrical Students**  
This form is for students that have attended ABC during the last semester

Date of Application Renewal: \_\_\_\_\_ Your ABC Member Employer: \_\_\_\_\_

Your name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City/State ZIP Code

Street Address: \_\_\_\_\_  
Street City/State ZIP Code

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

Telephone Number: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact's Relationship to you: \_\_\_\_\_

Emergency Contact Phone: ( ) \_\_\_\_\_

Electrical Year you are planning on attending? \_\_\_\_\_ Last Level Passed: \_\_\_\_\_

Electrical: Have you passed the state exam? Yes  Journeyman's License # \_\_\_\_\_ No  Driver's License # \_\_\_\_\_

Preferred Class Nights (Circle One): **Monday/Wednesday** or **Tuesday/Thursday** \*Class nights determined by classroom size/availability and are not guaranteed

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II - To be completed by Company Representative**

Sponsoring Company \_\_\_\_\_

Authorized Contact Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I understand that all ABC fees associated with classes including books and materials are billed to the company \_\_\_\_\_. (Initial)

I understand that Electrical students must attend 90 hours total of class and lab time per semester to comply with the state approved Electrical program \_\_\_\_\_. (Initial)

I understand that Electrical students will be dropped from the program upon receiving four absences \_\_\_\_\_. (Initial)

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

Associated Builders and Contractors Central California Chapter member firms do not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, age, disability, union affiliation, marital status or any other legally protected status. No question on this application is intended to secure information to be used for the purpose of discrimination.

**ELECTRICAL Students:**

**Proof of Enrollment letters will be sent to the sponsoring company for those students who successfully enroll with ABC once the semester has begun. Drop letters will be sent to the DAS (Department of Apprenticeship Standards) for those students that do not meet program requirements. Students must complete 90 hours of instruction per semester and pass all module exams to complete a level and/or be accepted into the next level or semester.**

July 23, 2014



## 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. All fields are required.

ATS/AAC Name:

I am a(n) (check one):  Trainee  Participant  Instructor  Performance Evaluator

Name:

SS#/NCCER Card #:  (numbers other than SS# must be obtained from the Registry Department)

Job Title (if applicable)\*:

Address\*:

City\*:  State:  Zip:

Phone\*:  Fax:  E-mail:

\*(Required fields for individuals over 18 years of age, optional fields for individuals under 18 years of age.)

Company/School Name:

Company/School Address:

City:  State:  Zip:

Phone\*:  Fax\*:  E-mail\*:

\*(Optional)

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:

\*(Required if individual is under 18 years of age.)

**NOTE:** To be entered in NCCER's Automated 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 Department 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  
13614 Progress Boulevard • Alachua, FL 32615  
P 888.622.3720 ext. 6914/6916/6917/6918 • F 386.518.6255