



Safety Professional Program Application

Section I (To be completed by student)

- ❖ Applications must be completed in full, unless otherwise noted.
- ❖ Please print legibly. If information cannot be read, processing of application may be delayed.
- ❖ Student must complete Section II of the Application (Registration and Release Form for NCCER)
- ❖ Sponsor Company must complete Section III of the Application.

Date of Application: _____ **ABC Member Employer:** _____ (required)

Your name: _____ Date of Birth: _____
(required) Last First Middle

Social Security Number/ID#: _____

Mailing Address: _____
Street City/State ZIP Code

Street Address: _____
Street City/State ZIP Code

Applicant Email Address: _____

Telephone Number: Home () _____ Cell () _____ Work () _____

Emergency Contact: _____ Phone: () _____

Emergency Contact's Relationship to you: _____

Preferred Class Nights: M/W _____ T/TH _____ Saturdays _____ (5 hours per week)

- *(Class days/nights are determined by classroom size/availability and are not guaranteed)*

Please Note: All module written and hands on exams must be successfully completed to advance to the next level with a 70% or better.

Number of years in craft for which you are applying? _____ Have you attended ABC Craft Training Classes before? Yes ___ No ___

Other than ABC where did you last attend training? _____ When did you last attend? _____

Craft(s) and Level (s) Completed: _____

How did you learn about this program? _____

Why are you a good candidate for our training program? _____

Signature _____ Date _____



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: Associated Builders and Contractors – Central California Chapter

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



Craft Training Program

Section III - To be completed by Sponsor Member Company

Employee Name: _____ Hire Date: _____ Time in current position: _____

Current Job Title or Classification: _____

Direct Supervisor Contact Information: Name: _____

E-mail Address: _____ Phone: () _____ - _____ Cell: () _____ - _____

Briefly describe why this employee is a good candidate for our training program? _____

Supervisor/Recruiter Name (Please Print): _____

Signature: _____ Date: _____

Phone: () _____ - _____ Email: _____

Sponsoring Company Authorized Contact Name (Please Print): _____

Title: _____

Signature: _____ Date: _____

Phone: () _____ - _____ Email: _____

I understand that all fees associated with classes including books and materials are billed to the company. Companies will be billed an administrative fee for each student enrolled whether or not they attend class. Companies will be billed a monthly seat for any student attending one or more class during each calendar month's billing period. The company will continue to be billed for the student in the classroom until ABC is notified in writing that the student is no longer with the company _____. (Initials)

I understand that a student with 4 absences in the Safety Professional Program will be dropped from the course and notified by ABC Central California staff _____. (Initials)

Associated Builders and Contractor 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.