



Welding Program

Craft Training 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.
- ❖ Member Representative must complete Section III of the Application.

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

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

Social Security Number/ID#: _____ - _____ - _____ Driver's License #: _____ (required)

Mailing Address: _____
Street City/State ZIP Code

Street Address: _____
Street City/State ZIP Code

Applicant E-mail Address: _____

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

Emergency Contact: _____ Phone: () _____

Emergency Contact's Relationship to you: _____

Please check which course you are registering for: STICK Welding: _____ **MIG Welding:** _____

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

Craft Trainee – please provide information below:

Number of years in trade 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) Completed: _____

Level of Craft Completed: _____

How did you learn about this program? _____

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

Signature _____ Date _____

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: ABC – 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



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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 Welding 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 _____. (Initial)

I understand that a student with 4 absences in the Welding program will be dropped from the course and notified by ABC Central California staff _____. (Initial)

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.