



2023 Spring Training Application

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



Accredited Training Sponsor

PLEASE PRINT CLEARLY

Student Information

(All information in this section is **REQUIRED** for registration.)

Name: First MI Last

Mailing Address

City State Zip Code

Social Security Number Date of Birth

Cell Phone Number

Email Address

Emergency Contact Name Phone

Veteran YES NO

Employment Information

Company Name

Employer paying Employee paying

Plant Name

Supervisor Name

Hold Harmless and Indemnity Agreement

I understand that if I am accepted into the program, I am responsible for payment of designated fees. I understand that misrepresentation or omission of facts is cause for dismissal from the program. I understand that my employer will be provided copies of my attendance and grades. I understand that I am responsible for all medical expenses related to any injury.

I release and hold harmless New Orleans/Bayou Chapter Associated Builders and Contractors, Inc. (ABC), its Educational Trust Fund, the Craft Training Registry for this verification process or for any injury.

Signature

Date

Course Information

Course Name

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

Education Experience Information

Check all that apply:

- Actively Pursuing GED—location: _____
- High School Diploma/GED
- Vo-Tech (number of years attended) ____
 Program Completed? _____
- College (number of years attended) ____ Degree? _____

Optional 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.

Do Not Write in this Space

For Office Use Only

- New Returning Date: _____
- Total Due: \$ _____ Amt. Paid: \$ _____
- Money Order # _____
- Invoice PO # _____
- Company Check # _____
- Credit Card – must call office to run Credit Card for processing, or complete separate processing form

Code to:

- \$100 – 00365 \$275 – 00366 (W100/200) \$10/\$15 – 00373
- \$750 – 00364 \$1175 – 00364 \$900 – 00364 (W350)
- \$225 – 00367 \$25 – 00378 \$250 – 00375 (late fee)

Welding Only: \$25 – 00366 (W250) \$50 – 00366 (W300)

Staff	Date
WD1	
FOC	
WD2	

Fees & Tuition -

Fees and tuition - subject to change. Check our website and/or current semester brochure for pricing information.

Registration and Release Form



Please type or print legibly. Inaccuracies on this form may be reflected on credentials. This form must be completed to be entered into the NCCER Registry System. Records containing personal trainee information, including but not limited to score reports, training prescriptions, and transcripts, may not be distributed until this form has been completed.

* Denotes required fields.

ATS/AAC Name*: ABC New Orleans/Bayou Chapter

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Home Number Cell Number

Email Address*: _____

Birth Date*: _____ Birth City*: _____

* You must provide **ONE** of the following numbers to be entered into the NCCER Registry System. A unique Card Number will be generated once your Registration and Release Form has been entered into the system. **Pipeline users MUST provide their SSN.**

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

Dept. of Corrections Student Number: _____ Which State? _____

Driver's License Number: _____ Which State? _____

If you provide the **State DOE Student Number**, then please first contact your Sponsor Representative to ensure your state I.D. type has been added to the Registry System. NCCER must approve all new Alternate I.D. types. Please contact NCCER Customer Support if you have any questions.

Optional Information:

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I agree to release and hold harmless NCCER for the disclosure of any such information in connection with this verification process. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, assessment or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

Signature*: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines. Do not send to NCCER unless requested.