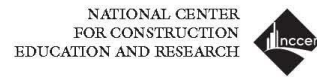


Section II - To be completed by student

REGISTRATION AND RELEASE FORM



Important: Type or print legibly. Any inaccuracies on this form may be reflected on student and instructor transcripts and training records.

Sponsor Name: ABC – Central California Chapter

Check One: Trainee Participant Instructor

Name: _____

Social Security/ID #: _____ (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 Representatives upon request. I release and hold harmless the National Center for Construction Education and Research for this verification process.

Signature: _____ Date: _____

OPTIONAL

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

NOTE: To be entered in NCCER's National Registry, you must complete this Registration and Release Form. This form must either be forwarded by your Accredited Training Sponsor to NCCER's Registry Department, or the Accredited Training Sponsor may choose to maintain the Release Forms locally and provide the Registry with a blanket release form letter. This letter must include the signature of the Sponsor Representative or other authorized Officer of the Accredited Training Sponsor.

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.

Return to: NCCER – Registry Department Phone 352-334-0911 ext. 350/355/320 • Fax 352-334-0929
Mailing Address: P.O. Box 141104 • Gainesville FL 32614-1104
Physical Address: 3600 NW 43rd St. • Blg. G • Gainesville FL 32606



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: _____

Email 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: _____

I understand that electrical trainees must attend all 90 hours of class and lab to comply with the state approved electrical program and may have no more than 2 absences in a semester, two tardies and/or leaving early constitute one absences _____.
initial

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 electrical trainees must attend all 90 hours of class and lab to comply with the state approved electrical program. Trainees may have no more than 2 absences in a semester. Two times being tardy/ leaving early constitutes one absence. Students who are living/working 60 or more miles from the Craft Training Program location are eligible to participate in Distance Learning. Company and student will need to complete the Distance Learning Agreement and the student(s) will be required to comply with the guidelines as defined in the Distance Learning Agreement. _____.
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.

CLASS Registration:

Sponsor Company Authorized Contacts - please go to www.abccentralcal.org select the calendar under "Get Involved" select August to register for the Fall Semester and January to register for Spring Semester. Class days/evenings are subject to change based on class size and classroom availability. A minimum enrollment of 15 students is required for class to be held. Companies will be contacted regarding class changes and/or cancellations.

ELECTRICAL Students:

Electrical students must submit an application for admission with the College of Sequoias at www.cos.edu, to be in ABC's approved training program and must register for class through COS and pay the applicable college fees each semester. ABC will need proof of admissions and/or class registration to accept student's without a California State license. Proof of Enrollment letters will be sent to the sponsoring company for those students who successfully enroll with ABC. 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 in the next level. All College of Sequoias (COS) fees are the responsibility of the student and due and payable to COS. Students must follow COS guidelines if they choose to drop a class.