



Construction Crew Leader Program

Craft Training Application Form

Date of Application: _____ 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 () _____ Driver's License # _____

Emergency Contact: _____ Emergency Contact's Relationship to you: _____

Emergency Contact Phone: () _____

Student Signature: _____ Date: _____

Please Check Boxes for Modules Needed

- | | |
|--|--|
| <input type="checkbox"/> CCL1 Ladders and Scaffold | <input type="checkbox"/> CCL15 Rigging Equipment |
| <input type="checkbox"/> CCL2 Piping Systems | <input type="checkbox"/> CCL16 Motorized Equipment |
| <input type="checkbox"/> CCL3 Drawing and Details | <input type="checkbox"/> CCL17 Rigging Fundamentals |
| <input type="checkbox"/> CCL4 Pipe Fitting Hand Tools | <input type="checkbox"/> CCL18 Rigging |
| <input type="checkbox"/> CCL5 Pipe Fitting Power Tools | <input type="checkbox"/> CCL19 Standards and Specifications |
| <input type="checkbox"/> CCL6 Spotter Training | <input type="checkbox"/> CCL20 Rigging Practices |
| <input type="checkbox"/> CCL7 Threaded Pipe Fab. | <input type="checkbox"/> CCL21 Threaded Pipe Fab. |
| <input type="checkbox"/> CCL8 Pipe Fitting Orientation | <input type="checkbox"/> CCL22 Testing Piping Systems |
| <input type="checkbox"/> CCL9 Oxyfuel Cutting | <input type="checkbox"/> CCL23 Excavations |
| <input type="checkbox"/> CCL10 Drawing and Detail Sheets | <input type="checkbox"/> CCL24 Stress/Alignment |
| <input type="checkbox"/> CCL11 First Aid/CPR | <input type="checkbox"/> CCL25 Introductory Skills for Crew Leader |
| <input type="checkbox"/> CCL12 Pipe Fitting Trade Math | |
| <input type="checkbox"/> CCL13 Hot Taps | |
| <input type="checkbox"/> CCL14 Performing NDE Testing | |

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

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.