

Local Union JATC Request for Training Assistance from OPCMIA-ITF

Name of Local JATC: _____

Local Union and/or District Council: _____

JATC Contact: _____ Contact Phone Number: _____

Type of Training Requested: _____

Dates Requested: _____

Street Address of Training Site: _____

City: _____ State: _____ Zip Code: _____

Is This Training Required by the Contractor? Yes _____ No _____

Is the Training Required for a Certain Project? Yes _____ No _____

Number of Members to be Trained: _____ Journeymen: _____ Apprentices: _____

Does the JATC have an Instructor Authorized/Certified to Conduct the Training? Yes _____ No _____

If Yes, is this a Request for an ITF Instructor to Assist Conducting the Class: Yes _____ No _____

If No, Does the JATC Intend to Send an Instructor to a TTT for the Class if offered? Yes _____ No _____

Local Union JATC (Board of Trustees) or Local Union (Business manager) takes financial liability for all ITF Equipment: Yes _____ No _____

Signature: _____

Please attach Proof of Liability Insurance

Additional Information or Explanation:

*Submit request forms to tlongbrake@opcmia.org, tnelson@opcmia-itf.org, ndemonte@opcmia-itf.org, and mlair@opcmia-itf.org.

Submission of this form does not guarantee approval.

<u>TO BE COMPLETED BY THE ITF</u>		
Date received: _____		Date approved/denied: _____