

# Pipeline Training APPLICATION

IUOE Pipeline Director  
4700 Bryant Irvin Court, Ste. 302  
Fort Worth, TX 76107  
(817) 763-0344 • Fax: (817) 763-0448

Name:		
Address:		
City:	State:	Zip Code:
Phone: ( ) ( )	Work: ( ) ( )	
Date of Birth:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>

List the following information as it appears on your union card/dues receipt:

Local:	Registration #	Initiation Date:
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Have you ever taken a pipeline training course? Please indicate the date. \_\_\_\_\_

Which equipment you were trained on? \_\_\_\_\_

Who was your last pipeline employer? \_\_\_\_\_

Please indicate the piece(s) of equipment you can skillfully operate.

\_\_\_ Excavator \_\_\_ Angle Dozer \_\_\_ Sideboom

### Equipment that will be Available

Indicate first (1), second (2), or third (3) choice

\_\_\_ Excavator \_\_\_ Angle Dozer \_\_\_ Sideboom  
\_\_\_ Bending Machine (**Please check for BENDING CLASS ONLY**)  
\_\_\_ John Henry (**Please check for JOHN HENRY CLASS ONLY**)

Are you willing to work outside the jurisdiction of your local union? ___ Yes ___ No
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Class Date: \_\_\_\_\_

Class Location: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Business Manager: \_\_\_\_\_