Pipeline Training APPLICATION 2015-2016

3 Week Intermediate class

Fax to: IUOE NPTF-Kelly Meyer
1125 17th Street NW
Washington, D.C. 20036
Toll-free: 855-711-6783
Fax: 202-778-2630
EMAIL TO: nptf@iuoe.org (Preferred)

Name:		Male: ☐	Female: ☐
Address:			
City:	State:	Zip Code:	
Phone: ( ) **Cell Phone:** ( )	**E-mail:**	Date of Birth:	

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

Local:	Registration #	Initiation Date:

Have you worked in the pipeline industry in the past? Yes_____ No_____
Approximately how many pipeline hours did you work in the last year? _____
List your last pipeline employer:
Employer: _____Date:_____ Location: _____

Have you taken a pipeline training course in the past? Yes: _____ No: _____
Date: _____ Location: _____
Equipment trained on: _____

Which pieces of equipment can you skillfully operate? Indicate your skill level on a scale of 1 (lowest) to 10 (highest).

____ Excavator ____ Angle Dozer ____ Sideboom

Please check the class you are applying for (select only one class):

Intermediate class (3 weeks)

____ Excavator ____ Angle Dozer ____ Sideboom

Are you willing to work outside the jurisdiction of your local union? Yes_____ No_____

_____ _____
Signature of Applicant Signature of Business Manager

By accepting training from the Training Fund, you agree to provide the Fund with updated information about your pipeline employment over the next two years

Class Date: _____ Class Location: _____

Pipeline Training APPLICATION 2015-2016
Specialty Class

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____ Excavator ____ Angle Dozer ____ Sideboom

Please check the class you are applying for (select only one class):

____ Bending Engineering ____ John Henry ____ Vacuworxs Pipe Lifter
____ Advanced Excavator for Maintenance/Rehab work

____ Winching (**Must have completed a Pipeline Training Fund Dozer class first**)

_____HDD (Horizontal Directional Drilling) ____Deckhand ____Ozzie Padder _____Hydro-Excavation

Are you willing to work outside the jurisdiction of your local union? Yes_____ No_____

_____ _____
Signature of Applicant Signature of Business Manager

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Class Date: _____ Class Location: _____