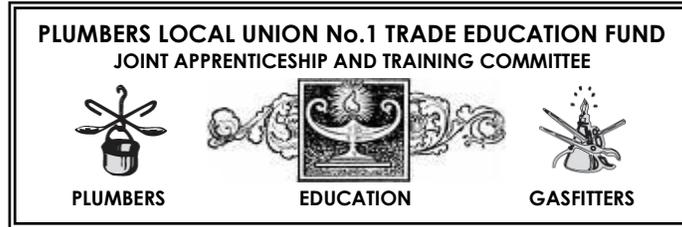


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UA PLUMBERS LOCAL 1 TRAINING CENTER
NEW YORK CITY
37-11 47th Avenue, Long Island City, N.Y. 11101

ARTHUR O. KLOCK JR.
Director of Trade Education

SERVICE DIVISION HELPER REGISTRATION FORM

 I WANT TO REGISTER TO PARTICIPATE IN THE HELPER TRAINING PROGRAM.

Please Make All Entries In PEN or MARKER Only. (No Pencil)

FULL NAME: _____
PLEASE PRINT CLEARLY

ADDRESS: _____

PRIMARY PHONE No. () _____ 2ND No. () _____

INDICATE YOUR	
GRADE	
1 st Yr 1 st half	_____
1 st Yr 2 nd half	_____
2 ND Year	_____
3 RD Year	_____
4 TH Year	_____
5 TH Year	_____

Local 1	Initiation	Dues Paid
Card # _____	Date: _____	Up To Month _____ Year _____

Social Security Number: _____ - _____ - _____

Your Date of Birth: Month ___ Day ___ Year ___ ___

Emergency contact person and **telephone number OTHER than your own:**

Name: _____ Telephone: () _____

Are You Currently Employed? ___ YES ___ NO

Name of Current Employer _____

Additional Credentials

Please check any of the following valid credentials you hold:

- | | | |
|---|--------------------------------------|------------------------|
| <input type="checkbox"/> O.S.H.A. 10 | <input type="checkbox"/> O.S.H.A. 30 | Issue Date: _____ |
| <input type="checkbox"/> N.Y.C. D.O.B. 4hr Scaffold User | | Expiration Date: _____ |
| <input type="checkbox"/> N.Y.F.D. Torch Use Certificate of Fitness | | Expiration Date: _____ |
| <input type="checkbox"/> N.Y.F.D. Fire Guard Certificate of Fitness | | Expiration Date: _____ |

Member
Signature: _____ **Date:** _____

MAIL OR FAX THIS FORM TO THE ADDRESS SHOWN ABOVE