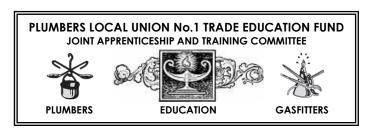
PAUL O'CONNOR JATC Co-Chair - Labor

Ph. (718) 752 - 9630



VINCENT ASPROMONTE JATC Co-Chair - Management

Fax (718) 752 - 9634

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) INDICATE YOUR GRADE FULL NAME: _____ PLEASE PRINT CLEARLY 1st Yr 1st half 1st Yr 2nd half **ADDRESS:** 2ND Year 3RD Year _____ 4TH Year PRIMARY PHONE No. (_____) ________2ND No. (____) ______ 5TH Year Local 1 Initiation **Dues Paid** Card # Date: Up to Month 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**

Signature______ Date: _____

Issue Date:

Expiration Date:

Expiration Date:

Expiration Date:

Please check any of the following valid credentials you hold:

[]40-Hour SST Worker

Member

[]N.Y.C. D.O.B. 4hr Scaffold User

[]N.Y.F.D. <u>Torch Use</u> Certificate of Fitness []N.Y.F.D. Fire Guard Certificate of Fitness