PAUL O'CONNOR
JATC Co-Chair - Labor

Ph. (718) 752 - 9630

PLUMBERS LOCAL UNION No.1 TRADE EDUCATION FUND
JOINT APPRENTICESHIP AND TRAINING COMMITTEE

PLUMBERS EDUCATION GASFITTERS

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)

FULL NAME: _____
PLEASE PRINT CLEARLY

ADDRESS: _____

_____

PRIMARY PHONE No. (____) _____ **2ND No. (___)** _____

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

Local 1 Card # _____	**Initiation Date:** _____	**Dues Paid 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
Please check any of the following valid credentials you hold:

[ ]40-Hour SST Worker	Issue Date: _____
[ ]N.Y.C. D.O.B. 4hr Scaffold User	Expiration Date: _____
[ ]N.Y.F.D. Torch Use Certificate of Fitness	Expiration Date: _____
[ ]N.Y.F.D. Fire Guard Certificate of Fitness	Expiration Date: _____

Member Signature_____ **Date:** _____