All fields marked with an * are required.

Utility Registration -2nd Year Training

Apprentice Information				
*Full Name:			*D.O.B.:	
Last	First		М.І.	MM/DD/YYYY
*Address:				
Street Address			Д	partment/Unit #
City			State Z	IP Code
*Phone:		*Email		
*RSI Year: 2 nd Year		*Social Security N	lo.:	
Apprentice Registration #:Union Member # (if applicable)				
Session Requested: 2 nd	Year Transformers:		2 nd Year Hot Stick:	
2 nd Year Training Dates – Ple	ease review the options be	elow and note your	choice for both Transform	ner and Hot Stick Training.
2023-24 TRANSFORMER SES	SIONS			
 Session 01: 10/09-10/12 	 Session 02: 10/23-10/26 	 Session 03: 11/06-11/09 	 Session 04: 11/13-11/16 	 Session 05: 12/04-12/07
 Session 06: 	 Session 07: 	 Session 08: 	 Session 09: 	 Session 10:
12/11-12/14	01/08-01/11	01/22-01/25	02/05-02/08	02/19-02/22
2023-24 HOT STICK SESSION		0	Oracian 0.4	Oracian 05
 Session 01: 10/16-10/19 	• Session 02: 03/04-3/07	 Session 03: 03/18-03/21 	 Session 04: 04/01-04/04 	• Session 05: 04/08-04/11
• Session 06: 05/06-05/09	 Session 07: 05/13-05/16 	 Session 08: 06/03-06/06 	 Session 09: 06/10-06/13 	 Session 10: 08/05-08/08
00/00-00/09				00/03-00/00
	Utility	Contact Inform	ation	
Utility Name:				
Primary Point of Contact				
Name:			Phone:	
Email:				
		VOLTA	TDEE	
		Billing		
Name:			Phone:	
Email:				
Preferred Delivery for Invoices (<i>Please check one</i>):				a Hard Copy
FOR OFFICE USE ONLY				
DATE/TIME RECEIVED:			BILLING DATE:	
□ Year 1	□ Year 2	□ Year 3	NEXT BILLING DATE:	
EMAIL COMPLETED FORMS TO REGISTRATIONS2023@NWLINEJATC.COM				