Utility Registration NW Line JATC Training Courses

All fields marked with an * are required.

Apprentice Information			
ıll Name:		*D.O.B.:	
Last	First	M.I.	MM/DD/YYYY
*Address:			
Street Address		Apartm	ent/Unit #
		7/0.0	,
City	. 1 1 N F	State ZIP Co.	ae
*Phone:	*Email	- JA x	
*RSI Year: ☐ 1 st Year ☐ 2 nd Year ☐	3 rd Year *Social Security N	lo.:	
Apprentice Registration #:	Union Member # (if applicable)	
//			
Entry (select all that apply): Saturday S	School* Climbing & Riggin	g (1 st Year)	
☐ Transform	ner 🗆 Hot Stick		
□ 3 rd Year	□ EICA Crane	☐ Final Exam Prep	
	Choice:		
*Saturday School Entry is only for NW Line J.	ATC Saturday School, if attending	g elsewhere <u>please do not select</u>	
Saturday School location Attending ☐ Battle	Ground □ Lakewood, WA □ Pa	asco 🗆 Eugene	□ Rathdrum
	Utility Contact Inform	ation	
Utility Name:			
Primary Point of Contact			
Name:		Phone:	
	IIME - AOFIX		
Email:			
	Billing		
Name:		Phone:	
Email:			
Preferred Delivery for Invoices (Please che	eck one): ☐ Email Deliver	/ □ Mail a Hai	rd Copy
FOR OFFICE USE ONLY			
DATE/TIME RECEIVED:		BILLING DATE:	
☐ Year 1 ☐ Year	2 □ Year 3	NEXT BILLING DATE:	
Notes:			