Tuition $ _____

Receipt# _____

Sem:_____ Yr:_____

(Trainee Handbook Rec'd)

CSST APPLICATION (*Safety Learning Series*)

2700 N. Twin City Hwy., Nederland, TX 77627
(Phone) 409-724-7886 ~ (Fax) 409-724-2519
www.abcsetx.org

NCCER Course *(circle applicable course)*: **Safety I** or **Safety II**

NCCER Card #:_____ **SS#**_____/_____/_____ **DL#**_____
St

Name_____
Last First Middle

Address_____

City_____**State**_____**Zip**_____

Home Phone (___)_____**Work Phone (___)**_____ **Cell Phone (___)**_____

Email Address _____

(*MUST BE COMPLETED*): Employer:_____

TUITION MUST BE PAID IN FULL PRIOR TO ATTENDING CLASS (*Reference "CSST General Information" for the Refund Policy*).

Circle One: **Current Student** **Former Student** **New Student**

How did you hear about ABC? Employer___; Relative___; Radio___; Newspaper___; Other____

State of Texas **County of Jefferson**

Hold Harmless and Indemnity Agreement

I, the undersigned individual, being an adult of at least 18 years of age, can read and understand English and hereby agree that all information presented on this application to be true. Furthermore, I assume the entire liability and responsibility and will hold harmless Associated Builders and Contractors Construction Training Center, their agents, servants and employees from any and all losses, expenses, demands and claims made against either of these corporations, and their agents, servants and employees by myself as trainee or my heirs, survivors or any third person because of injury or alleged injury (including death), whether caused by Associated Builders and Contractors Construction Training Center, its agents, servants or employees' negligence or otherwise arising from any activities anticipated under this training. Also, I verify that all personal, demographic and employment information on this application is correct. I understand that misrepresentation and/or omission of facts can result in my dismissal from Associated Builders and Contractors Construction Training Center.

NCCER Release

I, the undersigned individual, hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representatives upon request. I release and hold harmless the NCCER for this verification process. Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should NOT be distributed without properly documented release information from the trainee/participant.

Signature:_____ **Date:**_____

Race_____ **Gender**_____ **Birth Date**_____

ABC Construction Training Center will not discriminate against any person or group of persons on the grounds of race, color, religion, age, sex, national origin or ancestry, marital status, status as a Vietnam era veteran, or status as a qualified individual with a disability.