Pipeline Training APPLICATION 2014-2015

Please check the Pipeline page on our website for the complete IUOE Pipeline Training Schedule and additional schedule information. **These courses are intended for experienced operators**.

Speciality Class

Name:)	Male: 🔲	Female:	
Address:						
City:		State: 2		Zip Code:		
Phone: Cell Phone: ()		E-mail:			Date of Birth:	
ist the following information as			1			_
ocal: Registration #		Initiation Date:				
Have you worked in pipeline in the past? Yes No Approximately how many pipeline hours did you work in the last year? List your last pipeline employer: Employer: Date: Location:						
Have you taken a pipeline tra Date: Equipment trained on	L	ocation:				20 00
Which pieces of equipment co to 10 (highest).	an you skillfully op	erate? Indic	ate you	r skill level o	on a scale of 1 (lo	west
Excavator	Angle Dozer	Sideboo	om			
Please check the class you ar	e applying for (sel	ect only one	class):			
Bending Engineering	John Henry	/V	acuworx	s Pipe Lifter	r Mainten Training	
Winching (Must have	completed a Pip	eline Trair	<u>ning Fu</u>	nd Dozer o	class first)	
HDD (Horizontal Directi	Deckl	nand	Ozzie Padder			
Are you willing to work outside the jurisdiction of your local union? Yes No						
Signature of Applicant	Signature of Business Manager					
By accepting training from the Training Fund, you agree to provide the Fund with updated information about your pipeline employment over the next two years						
Class Date: Class Location:						

 $APPLICATION \ MUST BE \ SIGNED \ BY BUSINESS \ MANAGER \ TO \ BE \ VALID. \ Mail, or fax your application to the \ \underline{JOSEPH J. GOETZ}$ $\underline{TRAINING \ CENTER.} \ We \ will \ obtain \ the \ Business \ Manager's \ signature \ and \ forward \ it \ to \ the \ International \ Pipeline \ Department \ for \ you.$

Fax to: (715) 228-4901 Mail to: W11584 State Road 21; Coloma, WI 54930