



International Union of Operating Engineers Local 835 Training and Apprenticeship Program

Student Registration Form

Name: _____

Address: _____

Phone: _____

E-mail Address: _____

Semester: Spring Fall Year: _____

I wish to enroll in the following course:

- | | | |
|---|--|---|
| <input type="checkbox"/> Boilers I Low Pressure | <input type="checkbox"/> Electrical I | <input type="checkbox"/> Industrial Maintenance |
| <input type="checkbox"/> Boilers II High Pressure | <input type="checkbox"/> Electrical II | <input type="checkbox"/> Print Reading |
| <input type="checkbox"/> Building Controls | <input type="checkbox"/> CFC Certification | <input type="checkbox"/> Confined Space |
| <input type="checkbox"/> HVAC-R Part I | <input type="checkbox"/> Plumbing | <input type="checkbox"/> HAZMAT |
| <input type="checkbox"/> HVAC-R Part II | <input type="checkbox"/> OSHA 500—Construction | <input type="checkbox"/> OSHA 501—General |

Check box if you are a Local 835 member

Employed by _____