



IATSE ENTERTAINMENT & EXHIBITION INDUSTRIES TRAINING TRUST FUND

CERTIFICATION REIMBURSEMENT APPLICATION

The IATSE Training Trust Fund reimburses individuals for the successful completion of certification/recertification exams. Reimbursements cannot be processed without proof of payment and proof of certification/recertification. Proof of payment must be in the form of an official receipt from the certifying agency or organization offering the exam/certification and must clearly reference payment for the applicant's fees.

POLICIES

- Copies of official certification and proof of payment must accompany this application. *If another source is making partial reimbursement, proof of the amount of that reimbursement is required from that source.**
- Application must be submitted within the calendar year of the exam being taken or within six months.**
- This is a first-come, first-served program as the budget permits.**
- All fields must be completed for applications to be considered.**
- Certification exams that may be reimbursed, along with the reimbursable amount, are listed below:**

APPROVED CERTIFICATIONS & AMOUNT:

- AED – up to \$100
- CTS Certification & Recertification – up to \$300
- ETCP Certification & Recertification – up to \$550
- SPRAT Certification & Recertification – up to \$1,600

CERTIFICATION TYPE <input type="radio"/> AED Certification Course <input type="radio"/> InfoComm CTS Certification/Recertification <input type="radio"/> SPRAT Certification/Recertification		<input type="radio"/> ETCP Arena Rigger Certification/Recertification <input type="radio"/> ETCP Theater Rigger Certification/Recertification <input type="radio"/> ETCP Entertainment Electrician Certification/Recertification <input type="radio"/> ETCP Portable Power Distribution Technician Certification	
DATE OF BIRTH <small>(REQUIRED FOR ELIGIBILITY VERIFICATION)</small>		LOCAL UNION	
LAST NAME		FIRST NAME	MIDDLE NAME
STREET ADDRESS			
CITY	STATE	ZIP CODE	COUNTRY
EMAIL ADDRESS <small>(REQUIRED FIELD)</small>		PHONE <small>(INCLUDE AREA CODE)</small>	
CERTIFICATION TITLE		DATE OF CERTIFICATION EXAMINATION OR APPLICATION FOR RECERTIFICATION	
CERTIFICATION RECEIVED? <input type="radio"/> YES <input type="radio"/> NO		DID YOU PAY FOR CERTIFICATION? <input type="radio"/> YES <input type="radio"/> NO	
AMOUNT PAID FOR CERTIFICATION/RECERTIFICATION		TOTAL AMOUNT OF REIMBURSEMENT REQUESTED	
SELECT REIMBURSEMENT CURRENCY <input type="radio"/> US Check <input type="radio"/> USPS Canadian Currency Money Order			
<i>"By signing this application, I verify that I paid for taking the certification exam for which I am seeking reimbursement. I also verify that I have not been reimbursed from any other source for the certification exam reimbursement I now request."*</i>			
APPLICANT SIGNATURE			DATE
<small>FOR IATSE TTF OFFICE USE ONLY</small>	REIMBURSEMENT APPROVED <input type="radio"/> YES <input type="radio"/> NO	DATE	NOTES
			INITIALS

RVD 3/3/17

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