



## APPLICATION FOR ONLINE SAFETY COURSES

The IATSE Training Trust Fund in partnership with Contract Services Safety Pass is excited to provide free, online, safety training for all motion picture workers working under the 2015-2018 IATSE Area Standards Agreement.

To enroll in A and A2 Safety Pass courses, please fill out this application and submit it to the IATSE TTF. Please allow three weeks for processing. You will be notified via email once your application is processed and you can enroll in the online courses.

| GENERAL INFORMATION  |                                |   |                       |
|--|--------------------------------|---|-----------------------|
| DATE OF BIRTH<br>(REQUIRED FOR ELIGIBILITY VERIFICATION)   |                                |   |                       |
| LAST NAME  | FIRST NAME                     | MIDDLE NAME                                 |                       |
| STREET ADDRESS   |                                |   |                       |
| CITY   | STATE                          | ZIP CODE                                    |                       |
| EMAIL ADDRESS<br>(REQUIRED FIELD)  |                                | PHONE<br>(INCLUDE AREA CODE)                |                       |
| JOB INFORMATION  |                                |   |                       |
| PRIMARY JOB CLASSIFICATION:  |                                | SECONDARY JOB CLASSIFICATION:<br>(OPTIONAL) |                       |
| UNION REPRESENTATION <input type="radio"/> Yes <input type="radio"/> No  |                                | IATSE LOCAL #:                              |                       |
| CERTIFICATION  |                                |   |                       |
| <i>I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form. I agree and understand that the IATSE Training Trust Fund will share my name and contact information with my local union and employer in order to verify my eligibility and enrollment status as well as confirm course completion. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with Contract Services Safety Pass so they can email me about registering for these courses. Contract Services Safety Pass will in turn share information pertaining to my account activation, course registration, and course completions. Any photographs taken at this course with my image may be used in IATSE, IATSE TTF, and CSATTF materials.</i> |                                |   |                       |
| APPLICANT SIGNATURE  |                                | DATE OF APPLICATION                         |                       |
| FOR IATSE TTF OFFICE USE ONLY  | <input type="radio"/> ELIGIBLE | <input type="radio"/> INELIGIBLE            | DATE ENTERED INITIALS |

RVD 8/10/17

*Please fill out the entire application (all fields). Blank fields delay processing.  
Return applications via email, fax, or mail to the IATSE Training Trust Fund at:*