



# IATSE ENTERTAINMENT & EXHIBITION INDUSTRIES TRAINING TRUST FUND

## DEVELOP A LOCAL OSHA TRAINER APPLICATION

The local union president, secretary treasurer, BA, or training coordinator must complete and sign this application. The officer completing and submitting the application must be an officer other than the individual listed as a trainer on the application. Email the application to [funding@iatsetrainingtrust.org](mailto:funding@iatsetrainingtrust.org) at least a month ahead of the OTI 511 & 501 training dates. Reimbursement is made after successful completion of OSHA Outreach Training and submission of a TTF expense report with receipts and copies of your local instructor's OSHA Authorized General Industry Trainer Card and OSHA 501 & 511 certificates.

TODAY'S DATE	LOCAL UNION	LOCAL CATEGORY
OFFICER NAME	OFFICER TITLE	
EMAIL ADDRESS	PHONE	
Is the local signatory to collective bargaining agreement(s) providing IATSE Training Trust benefits? If yes, identify contract(s) and name of Employer(s):		<input type="radio"/> YES <input type="radio"/> NO
Does your local have a training trust fund or other local union affiliated training organization? If yes, please list the full official name of the organization and the organization's EIN:		<input type="radio"/> YES <input type="radio"/> NO
We encourage local unions utilizing Training Trust funds to commit to trying to negotiate Training Trust language in their contracts where possible. "Our local is committed to bargaining the IATSE Training Trust into our contracts."		<input type="radio"/> YES <input type="radio"/> NO INITIALS
<b>NOMINATED TRAINER &amp; COURSE INFORMATION</b>		
OSHA TRAINING INSTITUTE & LOCATION		
OTI CATALOG LINK SHOWING TUITION FOR OSHA 511	TRAINING DATES	TUITION COST
OTI CATALOG LINK SHOWING TUITION FOR OSHA 501	TRAINING DATES	TUITION COST
TRAINER NAME	TRAINER DOB	
TRAINER EMAIL	TRAINER PHONE	
TRAINER SIGNATURE		
<b>CERTIFICATION</b>		
As a condition of the reimbursement, your new OSHA Outreach Trainer is expected to co-teach an OSHA 10/General Entertainment Safety © training as requested by the TTF. They will be paired with a seasoned OSHA Outreach Trainer. OSHA Outreach Trainers are also expected to conduct trainings requested by the TTF and other locals. Nominated trainer must sign this form so it is clear they agree to attend the OSHA 511 & 501 and consent to the above conditions.		
If your application is approved, you will be notified of the amount of the approved reimbursement amount in advance of the OTI. Upon completion of training, local will submit the TTF Expense Report with receipts for tuition paid by the local and proof of candidate's successful completion of training.		
Our local and the nominated trainers listed on this form agree to the above conditions. By signing below, I acknowledge the IATSE Training Trust Fund policy is for locals with signatory employers to the Trust to be given priority when requests are considered. I also understand that the IATSE Training Trust Fund may not support the entire amount requested.		
OFFICER SIGNATURE		

*These policies are subject to change at any time by the trustees. The application and/or interpretation of these policies shall at all times be subject to the discretion of the trustees, to the fullest extent permitted by law.*