## Pipeline Training APPLICATION 2014-2015

## **Specialty Class**

Fax to: **IUOE Pipeline Director** 

4700 Bryant Irvin Court, Ste. 302

Fort Worth, TX 76107 Fax: 817-763-0448 Phone: 817-759-9180

Name:					Male:	Female:
Address:			A THE STREET, SOURCE AND ADDRESS OF THE STREET, ADDRESS OF THE STR			
City:			State:		Zip Code:	
Phone: Cell Phone:			E-mail:			Date of Birth:
ist the following inf	ormation as it app	ears on you	r union card	l/dues r	eceipt	
Local:	Regist	tration #		Initiati	on Date:	
Approxir List you Employer: Have you taken a	r last pipeline emp	pipeline hou bloyer: Da course in the	rs did you w te: e past? Ye	ork in t Loc s:	the last year tation: No:	?
	t trained on:					
Which pieces of eto 10 (highest).	quipment can you	skillfully op	erate? Indic	ate you	r skill level o	on a scale of 1 (lowest)
_	Excavator	Angle Dozer	Sideboo	om		
Please check the	class you are apply	ying for (sel	ect only one	e class):		
Bending En	gineering	John Henry	Vacı	uworxs	Pipe Lifter	Maintenance Training
Winching (	Must have comp	oleted a Pip	oeline Traiı	ning Fւ	ınd Dozer o	class first)
HDD (Horizontal Directional Drilling)			DeckhandOzzie Padder			
Are you willing to	work outside the	jurisdiction	of your loca	l union?	Yes	No
Signature of Applicant			Signature of Business Manager			
Ву а	ccepting training from th information about					dated
Class Date:	lass Location:					