

# Associated General Contractors of Iowa 2012 TRAINING REGISTRATION FORM

*(To be Completed by Employer)*

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Education Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Please use a separate form for each class

Amount of Class: \$ \_\_\_\_\_ # Employees Attending: \_\_\_\_\_ = Total Due: \$ \_\_\_\_\_  
(Fill out the registration form on page 2)

- |  |                      |           |
|--|----------------------|-----------|
| <input type="checkbox"/> Stepping Up to Supervisor               | January 26           | \$225.00  |
| <input type="checkbox"/> STP- Unit 4 (Not covered by IDOT Funds) | February 1 & 2       | \$250.00  |
| <input type="checkbox"/> Bridge/Culvert Carpentry                | February 8-10        | \$1500.00 |
| <input type="checkbox"/> Plan Reading/Staking & Surveying        | February 14          | \$275.00  |
| <input type="checkbox"/> Truck Driver Refresher                  | February 22          | \$325.00  |
| <input type="checkbox"/> STP-Unit 10 (not covered by IDOT Funds) | February 29 & Mar. 1 | \$275.00  |
| <input type="checkbox"/> OSHA 10 Hour                            | March 5 & 6          | \$250.00  |
| <input type="checkbox"/> Competent Person                        | March 8              | \$250.00  |
| <input type="checkbox"/> NCCCO Prep Course & Certification       | March 12-16          | \$2000.00 |
| <input type="checkbox"/> Welding Refresher                       | March 19-21          | \$1200.00 |
| <input type="checkbox"/> AWS Certification                       | March 22 & 23        | \$1400.00 |
| <input type="checkbox"/> Heavy Equipment Operator                | March 28, 29 & 30    | \$1500.00 |

### **AGCI Policy:**

*AGCI reserves the right to cancel classes or to make changes in location/format as needed.*

*Must have a minimum of attendees as listed on information sheet to offer class. It is preferred that registration form(s) and payment be made 14 days before the start date of class. Registration(s) will not be accepted without payment!*

**A confirmation will be faxed or emailed to the Education Contact prior to the start date of the class. If you have not received a confirmation 3 business days prior to the start of class, please contact Becky Bales.**

### **Mail or Fax to:**

Associated General Contractors of Iowa  
701 E. Court, Suite B  
Des Moines, IA 50309  
Fax: 515-244-6289

Questions - Call Becky Bales @ 800-728-2424 or Email [bbales@agcia.org](mailto:bbales@agcia.org)  
[www.agcia.org](http://www.agcia.org)

Employee Name: \_\_\_\_\_ Gender (circle one): Male Female  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Heavy Equipment Class Only (List one piece of equipment for training) \_\_\_\_\_  
HIT (Highway Industry Training) Trainee   
Race (circle one): Caucasian African/American Hispanic Asian American Native American Other  
(Must be filled out if using IDOT funds)

Employee Name: \_\_\_\_\_ Gender (circle one): Male Female  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Heavy Equipment Class Only (List one piece of equipment for training) \_\_\_\_\_  
HIT (Highway Industry Training) Trainee   
Race (circle one): Caucasian African/American Hispanic Asian American Native American Other  
(Must be filled out if using IDOT funds)

Employee Name: \_\_\_\_\_ Gender (circle one): Male Female  
Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Heavy Equipment Class Only (List one piece of equipment for training) \_\_\_\_\_  
HIT (Highway Industry Training) Trainee   
Race (circle one): Caucasian African/American Hispanic Asian American Native American Other  
(Must be filled out if using IDOT funds)

(Make additional copies if needed)

**Refund Policy: There is NO refund 10 days prior to the start of the class**

\$ \_\_\_\_\_ Check Enclosed  
(Checks made payable to AGC of Iowa)

\$ \_\_\_\_\_ IDOT Training Funds  
(no payment needed but must fill out IDOT funding requirement)

\$ \_\_\_\_\_ Partial IDOT Funds (If you don't have enough IDOT funds, you must pay remaining balance & fill out IDOT Funding Requirement)

Circle one: Visa MasterCard Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV number \_\_\_\_\_ (3-digit code on back of credit card)

### IDOT Funding Requirement

IDOT requires additional information about these students before training funds can be paid. Please answer the following questions regarding your employee completing this specific training and include with the registration form.

1. Total number of employees in your firm \_\_\_\_\_
2. Gender of students (from registration above) Male \_\_\_\_\_ Female \_\_\_\_\_
3. From the number of students who are receiving training  
Number of Caucasians \_\_\_\_\_  
Number of African/Americans \_\_\_\_\_  
Number of Hispanics \_\_\_\_\_  
Number of Asian Americans \_\_\_\_\_  
Number of Native Americans \_\_\_\_\_  
Other \_\_\_\_\_
4. From the number of students who have taken training courses-how many are unemployed/underemployed?