## Associated General Contractors of Iowa 2024 TRAINING REGISTRATION FORM

(To be Completed by Employer)

Company Name:						
Address:	ss: City:			Zip:		
Company Education Contact	<u> </u>					
Phone: () Fax: ()						
E-mail Address:		•				
Pleas	se use a separat	e form for eac	h class			
Amount of Class: \$	mount of Class: \$ # Employees Attending: (Please complete the registration form on page 2)					
☐ Stepping Up to S☐ STP 4 & 6 (Not of Plan Reading/State OSHA 10 Hour ☐ Bridge/Culvert C☐ Competent Person ☐ Traffic Control Te	covered by IDOT Funds) aking & Surveying arpentry on	January 17 January 18 - 19 February 7 February 8 & 9 February 21 - 23 March 7 March 21	\$275.00 \$375.00 \$375.00 \$275.00 \$1500.00 \$350.00			
Must have a minimum of attende	before the start date of class xed or emailed to the I	o make changes in location heet to offer class. It is p s. Registration(s) will <u>no</u> Education Contact business days pric	preferred that regist the accepted without prior to the sta	out payment!		
Question	Associated General 701 E. Co Des Moine Fax: 515- is - Call Becky Bales @ 800-	Fax to: Contractors of lowa urt, Suite B s, IA 50309 -244-6289 -728-2424 or Email bbal gcia.org	es@agcia.org			
Employee Name:		Gender (circle one):	Male Female			

Social Security # \_\_\_\_\_- Heavy Equipment Class Only (List one piece of equipment for training)\_

HII (Highway Industry Training) Trainee $\square$				
Race (circle one): Caucasian African/American (Must be filled out if using IDOT funds)	Hispanic	Asian American	Native American	Other
Employee Name:	Ger	nder (circle one): Male	e Female	
Social Security #Heavy Equ	ıipment Class Oı	nly (List one piece of equ	ipment for training)	
HIT (Highway Industry Training) Trainee □				
Race (circle one): Caucasian African/American (Must be filled out if using IDOT funds)	Hispanic	Asian American	Native American	Other
Employee Name:	Ger	nder (circle one): Male	e Female	
Social Security #Heavy Equ	ıipment Class Oı	nly (List one piece of equ	ipment for training)	
HIT (Highway Industry Training) Trainee □				
Race (circle one): Caucasian African/American (Must be filled out if using IDOT funds)	Hispanic	Asian American	Native American	Other
(Make addit	tional copies	if needed)		
Refund Policy: There is NO re	efund 10 day	s prior to the start	of the class	
\$ Check Enclosed (Checks made payable to AGC of lowa)	\$_	(no payment needed bu	OT Training Funds t must fill out IDOT funding	requirement)
\$ Partial IDOT Funds (If you don		OT funds, you must pay rem I out IDOT Funding Require		
Circle one: Visa MasterCard Name on Ca	ard:			
Card #:			Exp. Date	
CVV number (3-digit code on ba				
IDOT Full IDOT requires additional information about the answer the following questions regarding your with the registration form.		before training fun	•	
<ol> <li>Total number of employees in your firm_</li> <li>Gender of students (from registration at 3. From the number of students who are represented in the number of Caucasians</li></ol>	oove) Male eceiving trair  - -	ning		