## Associated General Contractors of Iowa 2026 TRAINING REGISTRATION FORM

(To be Completed by Employer)

Company Education Contact:  Phone: ()	Address:	: City:			_ Zip: _
Please use a separate form for each class  Amount of Class: \$ # Employees Attending: = Total Due: \$  (Please complete the registration form on page 2)  Stepping Up to Supervisor January 27 \$350.00  STP 1 & 5 (Not covered by IDOT Funds) January 28-29 \$375.00  Plan Reading/Staking & Surveying February 4 \$375.00  OSHA 10 Hour February 10 & 11 \$350.00  Traffic Control Technician-Des Moines February 12 \$350.00  Bridge/Culvert Carpentry February 18-20 \$1500.00  Traffic Control Technician-Des Moines February 24 \$350.00  Plan Reading/Staking & Surveying March 3 \$375.00  Competent Person March 5 \$350.00  Traffic Control Technician-Waterloo March 12 \$350.00	Company Education	n Contact:			
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	☐ STP 1 ☐ Plan F ☐ OSHA ☐ Traffic ☐ Bridge ☐ Traffic ☐ Plan F ☐ Comp	& 5 (Not covered by IDOT Funds) Reading/Staking & Surveying A 10 Hour Control Technician-Des Moines e/Culvert Carpentry Control Technician-Des Moines Reading/Staking & Surveying etent Person Control Technician-Waterloo	January 28-29 February 4 February 10 & 11 February 12 February 18-20 February 24 March 3 March 5 March 12	\$375.00 \$375.00 \$350.00 \$350.00 \$1500.00 \$350.00 \$375.00 \$350.00	

AGC of lowa 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 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

Mindy Carmichael.

## **Email, Mail or Fax to:**

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

Questions - Call Mindy Carmichael @ 800-728-2424 or Email: mcarmichael@agcia.org www.agcia.org

1) Employee Name:		Gender (check one): Ma	le Female
HIT (Highway Industry Training) Trained	e 🗆		
Race (Must be filled out if using IDOT funds):	Caucasian Asian American		Hispanic Other
2) Employee Name:		Gender (check one): Ma	le Female
HIT (Highway Industry Training) Trained	e 🗆		
Race (Must be filled out if using IDOT funds):	Caucasian Asian American	African/American Native American	Hispanic Other
3) Employee Name:		Gender (check one): Ma	le Female
HIT (Highway Industry Training) Trainee	e 🗆		
Race (Must be filled out if using IDOT funds):	Caucasian Asian American (Make additional copic	Native American	Hispanic Other
Refund Policy: There is	s <b>NO</b> refund 10	days prior to the start o	f the class
\$Check Enclosed  (Checks made payable to AGC of lowa)  \$Partial IDOT Funds (	(If you don't have enough		Training Funds nust fill out IDOT funding requirement)
		& fill out IDOT Funding Requireme	ent)
Card #:			Exp. Date
CVV number (3-digit cod	le on back of cre	edit card)	
IDOT requires additional information ab answer the following questions regardin with the registration form.		nts before training funds	•
<ol> <li>Total number of employees in yo</li> <li>Gender of students (from registra</li> <li>From the number of students who         Number of Caucasians         Number of African/American         Number of Hispanics         Number of Asian American         Number of Native American         Other</li> <li>From the number of students who         unemployed/underemployed?</li> </ol>	ation above) Mal o are receiving t  ans ns	raining	y are