

2025 Spring Training Application



New Orleans/Bayou Chapter
 101 Riverbend Drive
 St. Rose, LA 70087
 Phone: 504-468-3188
 www.abcbayou.com



PLEASE PRINT CLEARLY

Student Information

(All information in this section is **REQUIRED** for registration.)

Name: First MI Last

Mailing Address

City State Zip Code

Date of Birth *NCCER #

Cell Phone Number

Email Address

Emergency Contact Name Phone

Veteran YES NO

***To create your NCCER account/number visit nccer.org. You will have to have an NCCER number for training.**

Employment Information

Company Name

Employer paying Employee paying

Plant Name

Supervisor Name

Hold Harmless and Indemnity Agreement

I understand that if I am accepted into the program, I am responsible for payment of designated fees. I understand that misrepresentation or omission of facts is cause for dismissal from the program. I understand that my employer will be provided copies of my attendance and grades. I understand that I am responsible for all medical expenses related to any injury. I release and hold harmless New Orleans/Bayou Chapter Associated Builders and Contractors, Inc. (ABC) and its Educational Trust Fund for this verification process or for any injury.

Signature

Date

Course Information

Course Name

100 150 200 250 300 350 400 450
 Level (Circle One Course Level)

Education Experience Information

Check all that apply:

- Actively Pursuing GED—location: _____
- High School Diploma/GED
- Vo-Tech (number of years attended) ____
 Program Completed? ____
- College (number of years attended) ____ Degree? ____

Optional Information

Sex Ethnic Background

THE RECRUITMENT, SELECTION AND TRAINING OF ABC STUDENTS IS WITHOUT DISCRIMINATION ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL OR ETHNIC ORIGIN, SEX, AGE OR PHYSICAL HANDICAP.

Do Not Write in this Space

For Office Use Only

- New Returning Date: _____
- Total Due: \$ _____ Amt. Paid: \$ _____
- Money Order # _____
- Invoice PO # _____
- Company Check # _____
- Credit Card – must call office to run Credit Card for processing, or complete separate processing form

Code to:

- \$100: 00365 \$375: 00366 (W100) \$400: 00366 (W200-300)
- \$375: 00367 \$700: 00364 \$1100: 00364
- \$25: 00378 \$1000/1300: 00364 (W350)

Other Fees: \$10/\$15: 00373 \$250: 00375 (late fee)

Staff	Date
Received: _____	_____
Entered: _____	_____
Invoiced/Scanned: _____	_____

Fees & Tuition -

Fees and tuition are subject to change. Check our website and/or current semester brochure for pricing information.