HVAC & Metals Institute

Class Record

Name:_____

SSN:_____ *(At least the last 4 digits are required)*

Address:_____

City:_____ State:_____

Zip Code:_____

Employer:_____

IA (Member) #:_____ *(Required for all but Non-Bargaining)*

Phone #: (_____) _____ - _____

Email:_____

Check Appropriate box(s):

☐ ***Building Trades***	☐ ***Production***	☐ ***Residential***	☐ ***Non-Bargaining***
☐ Journey	☐ Journey	☐ Journey	
☐ Apprentice	☐ Trainee	☐ Apprentice	
☐ Classified			

Course Name:_____

Instructor:_____

Location of Class:_____

Date of class:_____

Classroom hours:_____

****Is this class <u>required</u> apprenticeship continuing education units (CEU):** Yes / No (circle one)

Comments:_____

_____

_____

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