

JOURNEYMEN TRAINING WINTER/SPRING 2019-2020

Name: _____

Phone: _____

Email: _____

Contractor: _____

Journeyman or Apprentice? Please Circle One

Date: _____

Please put a check next to the class you wish to take - in the "Take?" Column. Please fill out a separate sheet for each class you wish to take.

When you fill out this form and turn it in to the office, you will be added to the class roster and expected to show up for the class if the information is given below. If it is not, you will be contacted at the appropriate time.

** We can only create a class for this once enough people have signed up. Once that happens, we will set up a class and contact you with the details. If we do not get enough people for a class, it will be cancelled.*

Take?	Class	Instructor	Start Date	End Date	Start Time	End Time	Location	Room #	Size Limit
	MD Journ License Test Review*	Van Ness	TBD	TBD	TBD	TBD	TBD	TBD	25
	Medical Gas*	Varies	TBD	TBD	7am	Varies	Varies	Varies	25
	Orbital Welding*	Montour	TBD	TBD	TBD	TBD	TBD	TBD	10
	OSHA 30*	Varies	TBD	TBD	TBD	TBD	TBD	TBD	30
	Welding - MD	Taber	2/1/2020	4/18/2020	6am	2pm	C Bldg	Weld Shop	25
	RMD Welding - MD	Taber	2/1/2020	4/18/2020	6am	2pm	C Bldg	Weld Shop	6
	Rigging*	Urian	TBD	TBD	TBD	TBD	C Bldg Lot	NA	8