

2800 WINONA AVENUE  
BURBANK, CA 91504



T 818.847.0040  
F 818.847.0048  
www.csatf.org

**Approved Skills Training for 2012/2013**  
**Local #80**  
**Local Provided Training**

**SKILLS TRAINING APPLICATION / COURSE PRE-APPROVAL FORM**

**Eligibility:** In order to attend Skills Training, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification. You may check your standing at: [www.csatf.org](http://www.csatf.org), left navigation under Online Roster, click on General Access. Non-Roster Classification individuals, please see "Special Notes" located on the Reimbursement Acknowledgement Form.

In order to attend CSATTF Skills Training courses, your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. You will receive written notification, via e-mail, from CSATTF indicating approval or denial. You are not eligible until you have received pre-approval notification from CSATTF. All approved applications will have expiration dates. **Training must commence before the expiration date indicated on your notification of approval. NO EXCEPTIONS WILL BE MADE.**

The Skills Training Application consists of the following two (2) forms:

- Course Pre-Approval Form
- Reimbursement Acknowledgement Form

Both forms **MUST** be completed, signed, and returned as instructed below. Please allow 1-2 weeks for processing.

(PLEASE PRINT ALL INFORMATION CLEARLY)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Local/Classification: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Course Name (one course per application): \_\_\_\_\_ Course Number: \_\_\_\_\_

At the completion of the Skills Training course, you will be asked to complete an anonymous electronic survey of your experience in the program. We request that you complete the survey and appreciate your cooperation.

I have read and understood the CSATTF Skills Training Application and Reimbursement Guidelines (where applicable), and I hereby agree to abide by all of the terms and conditions contained therein.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For pre-approval determination, please return both forms to CSATTF via e-mail to [Kkemp@csatf.org](mailto:Kkemp@csatf.org), or fax or U.S. Mail.

CSATTF Attn: Skills Training  
2800 Winona Avenue  
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260  
Fax Number: 818.847.0048

**FOR OFFICE USE ONLY**

Form I-9 Date: \_\_\_\_\_ Safety: \_\_\_\_\_ Completed by: \_\_\_\_\_

Skills Training Application Expires: \_\_\_\_\_

Application Approved      Application Denied



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**SKILLS TRAINING APPLICATION/REIMBURSEMENT ACKNOWLEDGEMENT FORM**

In order to attend Skills Training, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification (please see "Special Notes" below). You may check your standing at: [www.csatf.org](http://www.csatf.org), left navigation under Online Roster, click on General Access.

**Skills Training Application consists of two (2) forms (one course per application):**

- Course Pre-Approval Form
- Reimbursement Acknowledgement Form

**Skills Training Application questions: 818.847.0040 extension 1260.**

For training dates, course content and scheduling questions, please contact Local #80 at 818.526.0700.

**Special Notes:**

In order to be pre-approved to attend CSATTF Skills Training Courses, you must be in good standing, showing on the Online Roster for the appropriate participating local union and classification. You may check your standing at: [www.csatf.org](http://www.csatf.org), left navigation under Online Roster, click on General Access.

**Reimbursement Guidelines:**

N/A

**2012/2013 Skills Training courses for Local #80:**

- 80-01 Set Wall Handling (Grips/Craft Service)
- 80-02 Camera Dolly Operation 1 (Grips)
- 80-03 Camera Dolly Operation 2 (Grips)
- 80-04 Basic Camera Crane Operation (Grips)

I, \_\_\_\_\_, have read and understood the CSATTF Skills Training Application,  
**Print Name**

Special Notes and Reimbursement Guidelines, and I hereby agree to abide by all of the terms and conditions contained therein.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_