

2710 WINONA AVENUE  
BURBANK, CA 91504T 818.847.0040  
F 818.847.0048  
www.csatf.org

## 2019/2020 Local Provided Training Skills Training Application

This application packet consists of the Skills Training Application and the Course Reference List.

Your Skills Training Application **must** be approved by CSATTF **prior** to taking the requested course. There is no reimbursement for Local Provided Training.

### Eligibility:

- For Roster classifications, you must be active on the Roster for the applicable Local and classification, with an unexpired Form I-9 and be in compliance with Safety Pass training requirements. You may check your status at: [www.csatf.org](http://www.csatf.org), left navigation under Online Roster, click on General Access.
- For Non Roster classifications, you must be reflected on the Online Roster in the applicable Local and classification and be in compliance with Safety Pass training requirements. If your name is not reflected on the Online Roster, you must provide proof of at least 30 workdays, of applicable and signatory employment within the past two years, in the form of either an employment verification letter from a payroll company or employer with exact work dates, Local number, job classification, and Social Security number **or** copies of pay stubs with actual work hours/dates (sick, vacation, holiday and travel time are not eligible), Local number or code, and job classification. More than one form of employment verification may be needed.

For questions regarding training dates, course content and scheduling, please contact your Local.

**This form must be completed, signed, and returned as instructed below. Submit one signed application for each requested course. Please allow 1-2 weeks for processing.**

Print all information completely and legibly. Personal information will be updated accordingly.

Name: \_\_\_\_\_ Last four digits of SSN\*: \_\_\_\_\_  
\*First time applicants must provide full SSN

Local: \_\_\_\_\_ Classification: \_\_\_\_\_

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

Cell #: ☐ ( ) - Home #: ☐ ( ) - Email: ☐

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_ Course Reference List #: \_\_\_\_\_  
(Please write course name exactly as it appears on the Course Reference List)

**I have read, understood and agree to all the terms and conditions listed above:**

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

**Return this form to CSATTF via email to [skillstraining@csatf.org](mailto:skillstraining@csatf.org), in person, by fax or mail.**

CSATTF Attn: Skills Training  
2710 Winona Avenue  
Burbank, CA 91504

Phone Number: 818.847.0040 extension 1260  
Fax Number: 818.847.0048

### For Office Use Only

Form I-9 Exp. Date: \_\_\_\_\_ Safety Pass Compliant: \_\_\_\_\_ Completed by: \_\_\_\_\_

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

☐

Approved

Denied

☐



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## 2019/2020 Local Provided Training Course Reference List #100

### Skills Training courses for Local #40:

Course Number	Course Name
100-1	Production Electrician
100-2	Fire Alarms
100-3	National Electrical Code
100-4	Building Automation Systems
100-5	Motor Controls
100-7	Transformers
100-9	Photovoltaic (Solar)
100-10	Programmable Logic Controllers
100-11	Sound Video
100-12	Portable Air Conditioners
100-13	Electric Vehicle Charging Stations
100-14	Grounding & Bonding
100-15	Production Electric Advanced

Course Number	Course Name
100-16	HVAC Refresher
100-1101	HVAC 1.1
100-1102	HVAC 1.2
100-1103	HVAC 2.1
100-1104	HVAC 2.2
100-1105	HVAC 3.1
100-1106	HVAC 3.2
100-1107	HVAC 4.1
100-1108	HVAC 4.2
100-1109	HVAC 5.1
100-1110	HVAC 5.2
100-1111	HVAC 6.1
100-1112	HVAC 6.2

Course Number	Course Name
100-1113	HVAC 7.1
100-1114	HVAC 7.2
100-1115	HVAC 8.1
100-1116	HVAC 8.2
100-1117	HVAC 9.1
100-1118	HVAC 9.2
100-1119	HVAC 10.1
100-1120	HVAC 10.2
100-1121	HVAC 11.1
100-1122	HVAC 11.2