



2710 WINONA AVENUE
BURBANK, CA 91504

T 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, 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 #: (None) () - Home #: (None) () - Email: (None)

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, 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 #1000**

Skills Training courses for Local #755:

Course Number	Course Name
1000-212	Fundamental Staff Shop Training