



ETCP (ESTA) Certification Reimbursement Policy and Request Form

Individuals listed on the Industry Experience Roster (IER) as a Local #80 Grip or a Local #728 Studio Electrical Technician Journeyman are eligible for reimbursement for successfully completing the Entertainment Technician Certification Program (ETCP) and becoming certified in any of the three areas below.

There are three (3) ETCP certificates, each with its own exam. Please check the applicable course:

- ETCP Certified Rigger - Arena
- ETCP Certified Rigger - Theatre
- ETCP Certified Entertainment Electrician

In order to be reimbursed, you must provide Contract Services with sufficient documentation to substantiate your eligibility for reimbursement and demonstrate you incurred the fee for which you are seeking reimbursement. Such documentation must be submitted to Contract Services within forty-five (45) days after the fee payment.

Please submit one completed "Reimbursement Policy and Request Form" per certificate received, along with the following items:

1. Copy of ETCP Certificate
2. Copy of the receipt(s), invoice(s) and/or renewal statement reflecting fee
3. Proof of payment (copy of your credit card receipt, credit card statement, or the front and back of the canceled check)
4. Copy of the Score Report of the Examination from ETCP

This program is an "accountable plan" as provided in Internal Revenue Code Section 62(a)(2)(A) and the Treasury Regulations promulgated thereunder. To receive reimbursement for your eligible employment-related expenses, you must meet several requirements. You will be required to return to Contract Services within a reasonable time any excess reimbursement that is made to you in the event of any inadvertent overpayment.

Local/Classification:		
Local:	Job Classification:	
Personal & Contact Information:		
First Name:	Middle Name:	
Last Name:	Suffix (<i>Jr., Sr., II, etc.</i>):	Last 4 of SSN:
Mailing Address:		Unit # (<i>Apt., Ste., etc.</i>):
City:	State:	ZIP Code:
Country (<i>if not United States</i>):		
Cell Phone:	Home Phone:	
Email Address:		

I have read and understood the reimbursement policy and hereby agree to abide by all the terms and conditions contained therein.

Signature: _____ **Date:** _____

You may submit your request for reimbursement with documentation in person, by mail, fax or email to roster@csatf.org. Please allow 4-6 weeks for processing your reimbursement request.

Contract Services – Attention: Reimbursements

2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.565.0550 ext. 2120
Fax Number: 818.565.0535

Staff (for office use only):			
<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal	Receipt Amount: \$	Reimbursement Amount: \$
			Code:
Approved By <i>(Initials & Date):</i>		Supervisor <i>(Initials & Date):</i>	Director <i>(Initials & Date):</i>

