



## 2020/2021 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 Contract Services Administration Training Trust Fund (CSATTF) **prior** to taking the requested course. There is no reimbursement for Local-Provided Training. Please note that Contract Services' facilitation of skills training is not intended to expand, limit or in any way affect the scope of work covered by any collective bargaining agreement.

### Eligibility:

- For Roster classifications, you must be active on the Roster for the applicable local union and classification, and be in compliance with Contract Services training requirements. You may check your status on the Online Roster at [www.csatf.org](http://www.csatf.org), under "Rosters & Lists."
- For Non-Roster classifications, you must reflect on the Online Roster in the applicable Local Union and classification and be in compliance with Contract Services training requirements.

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

**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 Union: \_\_\_\_\_ Job Title/Classification: \_\_\_\_\_

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

Cell #: ( ) - Home #: ( ) - Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_

(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

Phone Number: 818.847.0040 ext. 1260

2710 Winona Avenue

Fax Number: 818.847.0048

Burbank, CA 91504

### For Office Use Only

Required Training Compliant: \_\_\_\_\_ Completed by: \_\_\_\_\_

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

Approved ☐

Denied ☐



## **2020/2021 Local Provided Training Course Reference List #300**

### **Skills Training courses for Local #80:**

<b>Course Number</b>	<b>Course Name</b>
300-64	Location Protection
300-65	Camera Crane
300-66	Dolly Operation 1
300-70	Rigging 2
300-72	Multi Camera Dolly
300-73	Stop the Bleed
300-74	1st Aid CE