



# 2021/2022 Restricted Enrollment Skills Training Application

Your Skills Training Application **must** be approved by Contract Services **prior** to taking the requested course. There is no reimbursement for Restricted Enrollment Courses. 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 [csatf.org](http://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 Contract Services to: [skillstraining@csatf.org](mailto:skillstraining@csatf.org)**

Contract Services Attn: Skills Training  
2710 Winona Avenue  
Burbank, CA 91504

Phone: 818.565.0550 ext. 1260  
Fax: 818.847.0048

**For Office Use Only**

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

Approved  Denied