

**2021 - REGISTRATION FORM - PLEASE PRINT CLEARLY**

☐ **CMEF**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP) (COUNTY)

SOCIAL SECURITY# \_\_\_\_\_ - - HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

NCCER CARD #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMPLOYER/CONTRACTOR: \_\_\_\_\_ JOB SITE NAME: \_\_\_\_\_

COURSE NAME & NUMBER: \_\_\_\_\_ DAY(S) \_\_\_\_\_ TIME: \_\_\_\_\_

Have you been a resident of Texas for the last 12 months? ☐ Yes ☐ No If "No", in what state did you previously reside? \_\_\_\_\_

1. Gender: ☐ Male ☐ Female 2. Ethnic Origin ☐ White Non Hispanic (1) ☐ Asian or Pacific Islander (4) 3. Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Black (2) ☐ American Indian or Alaskan Native (5)  
☐ Hispanic (3) ☐ International (6)

Which of the following describe(s) you?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> None (0)                    | <input type="checkbox"/> Other Health Impaired (5)      | <input type="checkbox"/> Limited English Proficiency (9)                     |
| <input type="checkbox"/> Deaf (1)                    | <input type="checkbox"/> Speech Impaired (6)            | <input type="checkbox"/> Economically Disadvantaged Family or Individual (A) |
| <input type="checkbox"/> Deaf/Blind (2)              | <input type="checkbox"/> Visually Impaired (7)          | <input type="checkbox"/> Displaced Homemaker (B)                             |
| <input type="checkbox"/> Hearing Impaired (3)        | <input type="checkbox"/> Academically Disadvantaged (8) | <input type="checkbox"/> Single Parent (C)                                   |
| <input type="checkbox"/> Orthopedically Impaired (4) |   | <input type="checkbox"/> Veteran (V)   |

CMEF admits students of any race, color, sexual orientation and national or ethnic origin.

**STANDARDIZED CRAFT TRAINING PROCESS RELEASE STATEMENT**

I hereby authorize the registrar of the NCCER national craft training registry to verify information in my craft training records to sponsor representatives upon request. I release and hold harmless the NCCER for this verification process. The information above is true and correct to the best of my knowledge and I grant CMEF the right to release all course transcripts and any other training documents to my employer or its assignee without recourse. I hereby agree to hold harmless and consent to release to CMEF any and all personal data (including but not limited to social security number) requested by CMEF.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE CHECK ONE:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Training Contributor Level 1 - \$145     | <input type="checkbox"/> NCCER Project Supervision TCA 1 & TCA 2 - \$295           | <input type="checkbox"/> High School Scholarship Student - \$25    |
| <input type="checkbox"/> Training Contributor Level 2 - \$200     | <input type="checkbox"/> CSST Registration \$1,000 / Self Pay \$1,200              | <input type="checkbox"/> ABC Member - \$ 595                       |
| <input type="checkbox"/> NCCER Crane Courses TCA 1 & TCA 2- \$260 | <input type="checkbox"/> NCCER Crew Leadership - ABC Member \$250 / Self Pay \$300 | <input type="checkbox"/> Non ABC Member/Contributor Member - \$780 |

**Contractor Authorized Representatives Signature:**

☐ Invoice My Company ☐ Student Must Pay

\_\_\_\_\_  
Authorized Rep Signature Print Name Check # \_\_\_\_\_ MO # \_\_\_\_\_

☐ CC ☐ Cash Receipt# \_\_\_\_\_ Initials \_\_\_\_\_ Total amount paid \_\_\_\_\_ Date \_\_\_\_\_

College or CMEF Representative signature \_\_\_\_\_

**Students are responsible for purchasing their own book.**

**Note:** Beginning with the Fall 2020 semester many classes at CMEF will be part virtual via online instruction . An up to date dependable laptop or tablet and Internet is required for these courses, tablets are available for purchase at CMEF for \$125

**Send completed form to [crafttraining@cmefhouston.org](mailto:crafttraining@cmefhouston.org).**