

Associated General Contractors of Iowa 2020 TRAINING REGISTRATION FORM

(To be Completed by Employer)

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Company Education Contact: _____

Phone: (_____) _____ Fax: (_____) _____

E-mail Address: _____

Please use a separate form for each class

Amount of Class: \$ _____ # Employees Attending: _____ = Total Due: \$ _____
(Please complete the registration form on page 2)

- | | | |
|--|------------------|-----------|
| <input type="checkbox"/> Stepping Up to Supervisor | January 30 | \$250.00 |
| <input type="checkbox"/> OSHA 10 Hour | February 6 & 7 | \$275.00 |
| <input type="checkbox"/> Plan Reading/Staking & Surveying | February 11 | \$350.00 |
| <input type="checkbox"/> Bridge/Culvert Carpentry | February 12-14 | \$1500.00 |
| <input type="checkbox"/> STP 4 & 6 (Not covered by IDOT Funds) | February 20 & 21 | \$325.00 |
| <input type="checkbox"/> Truck Driver Refresher | March 6 | \$375.00 |
| <input type="checkbox"/> Competent Person | March 10 | \$300.00 |
| <input type="checkbox"/> Welding Refresher | March 16-18 | \$1450.00 |
| <input type="checkbox"/> IDOT Welding Certification | March 19 | \$200.00 |
| <input type="checkbox"/> Traffic Control Technician | March 25 | \$225.00 |

AGCI Policy:

AGCI reserves the right to cancel classes or to make changes in location/format as needed.

Must have a minimum of attendees as listed on information sheet to offer class. It is preferred that registration form(s) and payment be made 14 days before the start date of class. Registration(s) will not be accepted without payment!

A confirmation will be faxed or emailed to the Education Contact prior to the start date of the class. If you have not received a confirmation 3 business days prior to the start of class, please contact Becky Bales.

Mail or Fax to:

Associated General Contractors of Iowa
701 E. Court, Suite B
Des Moines, IA 50309
Fax: 515-244-6289

Questions - Call Becky Bales @ 800-728-2424 or Email bbales@agcia.org
www.agcia.org

Employee Name: _____ Gender (circle one): Male Female
 Social Security # _____ - _____ - _____ Heavy Equipment Class Only (List one piece of equipment for training) _____
 HIT (Highway Industry Training) Trainee
 Race (circle one): Caucasian African/American Hispanic Asian American Native American Other
 (Must be filled out if using IDOT funds)

Employee Name: _____ Gender (circle one): Male Female
 Social Security # _____ - _____ - _____ Heavy Equipment Class Only (List one piece of equipment for training) _____
 HIT (Highway Industry Training) Trainee
 Race (circle one): Caucasian African/American Hispanic Asian American Native American Other
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Employee Name: _____ Gender (circle one): Male Female
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 (Must be filled out if using IDOT funds)

(Make additional copies if needed)

Refund Policy: There is NO refund 10 days prior to the start of the class

\$ _____ Check Enclosed (Checks made payable to AGC of Iowa) \$ _____ IDOT Training Funds (no payment needed but must fill out IDOT funding requirement)

\$ _____ Partial IDOT Funds (If you don't have enough IDOT funds, you must pay remaining balance & fill out IDOT Funding Requirement)

Circle one: Visa MasterCard Name on Card: _____

Card #: _____ Exp. Date _____

CVV number _____ (3-digit code on back of credit card)

IDOT Funding Requirement

IDOT requires additional information about these students before training funds can be paid. Please answer the following questions regarding your employee completing this specific training and include with the registration form.

1. Total number of employees in your firm _____
2. Gender of students (from registration above) Male _____ Female _____
3. From the number of students who are receiving training
 - Number of Caucasians _____
 - Number of African/Americans _____
 - Number of Hispanics _____
 - Number of Asian Americans _____
 - Number of Native Americans _____
 - Other _____
4. From the number of students who have taken training courses-how many are unemployed/underemployed?