

# Associated General Contractors of Iowa *HIT TRAINING REGISTRATION FORM*

*(To be Completed by Employer)*

**Date Registered:** \_\_\_\_\_

## ***Employer Information***

Company Name: \_\_\_\_\_

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

Company Education Contact: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax:

(\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## **Please use a separate form for each trainee**

### ***Employee Information***

Employee Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Highway Industry Training Program that you want to enroll your employee in

(see HIT index for exact title) \_\_\_\_\_

Total years of work experience \_\_\_\_\_

Total Hours enrolled in program (please circle one) 520 1040 2080 IDOT Required Trainee Y or N

Race (circle one): *Caucasian African/American Hispanic Asian American Native American Other*

**Refund Policy: *There is NO refund for this program***

**Payment of \$100 is required for administration fees for each year the trainee is in the program.  
(IDOT funds cannot be used for the administration fee payment).**

\$ \_\_\_\_\_ *Check Enclosed* \_\_\_\_\_ *Bill my company*

Circle one: *Visa MasterCard* Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

CVV# \_\_\_\_\_ Exp. Date \_\_\_\_\_ Zip Code \_\_\_\_\_

### **Mail or Fax to:**

Associated General Contractors of Iowa (AGC)  
701 East Court Avenue, Suite B, Des Moines, Iowa 50309  
Fax: 515-244-6289

Questions? Call Ricke Welden (rwelden@agcia.org) 515-283-2424