

Certification Training Incentive Program Reimbursement Request

All information must be completed for reimbursement consideration. Incomplete forms will NOT be reviewed.

Return completed form by email to: JTIP@AJTRAINING.EDU

Date:	
Legal Full Name:	
Local Union:	
UA Card Number:	
Phone Number:	
Address:	

Certification Earned for Reimbursement:
Date Certification Earned:
A&J Class Taken and Date (if applicable):
If Weld Certification, Date(s) of Practice/Test:
If OSCA High Hazard Certification, Date of OSCA Training: <i>(must attach receipt of OSCA payment) (contractor/employer paid training is not reimbursable)</i>