

# 2019 Student Registration - IEC Registry and ACE College Credit Submittal

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ (Required)

Mr./Mrs./Ms. \_\_\_\_\_ (Optional) Gender: \_\_\_\_\_ (Optional)

Social Security Number \_\_\_\_\_ (Required) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

Mailing Address \_\_\_\_\_ (Required)

City: \_\_\_\_\_ (Required) State: \_\_\_\_\_ (Required) Zip Code: \_\_\_\_\_ (Required)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ (MUST INCLUDE EMAIL)

**WE CANNOT OFFER THIS SERVICE TO ANYONE WHOSE COMPLETION YEAR IS OLDER THAN 1992.**

**Course: IECI 0001 FIRST YEAR Electrical Apprenticeship - Electrical Construction Worker**

Date Classroom Training Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

Location Class Taken: \_\_\_\_\_ (Required)

Instructor Name: \_\_\_\_\_ (Required)

Final Grade Assigned for Classroom Training: \_\_\_\_\_ (Required)

Related On The Job Training Requirement Fulfilled: Yes \_\_\_\_\_ No \_\_\_\_\_ Hours \_\_\_\_\_ (Required)

First Year Apprenticeship Completion Certified by Chapter (Date): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

Chapter Representative Certifying Completion: \_\_\_\_\_ (Required)

**Course: IECI 0002 SECOND YEAR Electrical Apprenticeship - Electrical Construction Worker**

Date Classroom Training Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

Location Class Taken: \_\_\_\_\_ (Required)

Instructor Name: \_\_\_\_\_ (Required)

Final Grade Assigned for Classroom Training: \_\_\_\_\_ (Required)

Related On The Job Training Requirement Fulfilled: Yes \_\_\_\_\_ No \_\_\_\_\_ Hours \_\_\_\_\_ (Required)

Second Year Apprenticeship Completion Certified by Chapter (Date): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

Chapter Representative Certifying Completion: \_\_\_\_\_ (Required)

Course: IECI 0003      **THIRD YEAR Electrical Apprenticeship - Electrical Construction Worker**

Date Classroom Training Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Required)

Location Class Taken: \_\_\_\_\_ (Required)

Instructor Name: \_\_\_\_\_ (Required)

Final Grade Assigned for Classroom Training: \_\_\_\_\_ (Required)

Related On The Job Training Requirement Fulfilled: Yes \_\_\_\_\_ No \_\_\_\_\_ Hours \_\_\_\_\_ (Required)

Third Year Apprenticeship Completion Certified by Chapter (Date): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

Chapter Representative Certifying Completion: \_\_\_\_\_ (Required)

Course: IECI 0004      **FOURTH YEAR Electrical Apprenticeship - Electrical Construction Worker**

Date Classroom Training Completed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Required)

Location Class Taken: \_\_\_\_\_ (Required)

Instructor Name: \_\_\_\_\_ (Required)

Final Grade Assigned for Classroom Training: \_\_\_\_\_ (Required)

Related On The Job Training Requirement Fulfilled: Yes \_\_\_\_\_ No \_\_\_\_\_ Hours \_\_\_\_\_ (Required)

Fourth Year Apprenticeship Completion Certified by Chapter (Date): \_\_\_\_/\_\_\_\_/\_\_\_\_ (Required)

Chapter Representative Certifying Completion: \_\_\_\_\_ (Required)

**Certification of Accuracy by Chapter Representative:**

I hereby certify that to the best of my knowledge the facts represented on this form are accurate.

Signed: \_\_\_\_\_

Chapter: \_\_\_\_\_

Date: \_\_\_\_\_

Mail to: Apprenticeship College Credit  
Independent Electrical Contractors, Inc.  
2900 South Quincy Street, Suite 720  
Arlington, VA 22206

Phone: 703-549-7351      [www.ieci.org](http://www.ieci.org)

Please submit with completed Participant Form and a check for \$65.00 made out to IEC National.