

NDT ATLANTIC REGION TRAINING FUND CLAIM FORM (May 1, 2011)
 (Attach ORIGINAL (NO COPIES) RECEIPTS ONLY – NO CREDIT/DEBIT STUB RECEIPTS)

MAIL TO: Atlantic Region Training Trust Fund
 C/o Quality Control Council, 15 Surrey St. W. Unit #1, Guelph, ON N1H 3R3

APPLICANT'S NAME	
APPLICANT'S ADDRESS & PHONE #	Street & Number: Unit/Apt. Number: City & Province: Postal Code: Phone #:
LOCAL UNION #	
S.I.N.	

CURRENT EMPLOYER	
TRAINING/EXAM CENTRE	
DATE STARTED TRAINING	
DATE COMPLETED TRAINING	

COURSE (specify):	AMOUNT:
WORKSHOP – 3 days maximum (specify):	AMOUNT:
EXAM (specify):	AMOUNT:
RENEWAL (CGSB/CWB/CEDO-specify):	AMOUNT:
ANNUAL EYE EXAM (max \$ 50.00 – NRCan/CWB Eye Form Req'd)	AMOUNT:
LOA (\$ 75.00 with hotel receipts & \$ 35.00 without)	AMOUNT:
TRAVEL (return busfare. Must include receipts.)	AMOUNT:
TOTAL AMOUNT OF CLAIM	

CLAIMS ARE SUBJECT TO THE FUND'S "RULES & REGULATIONS FOR REIMBURSEMENT" AND THE APPLICANT MUST BE A MEMBER IN GOOD STANDING (DUES PAID UP TO DATE) OF HIS/HER LOCAL UNION, HAVE 300 CONTRIBUTION HOURS INTO THE FUND AFTER HIS/HER INITIATION DATE, HAVE PROVIDED ORIGINAL RECEIPTS & PROOF OF SUCCESSFUL COMPLETION WITHIN (60) DAYS OF OBTAINING RESULTS.

THE APPLICANT SHALL REPAY THE FUND IF ANY OF THE FOLLOWING CONDITIONS ARE MET WITHIN TWO (2) YEARS OF RECEIVING REIMBURSEMENT:

- HE/SHE LEAVES THE QCCC/NDTMA INDUSTRY
- WORKS FOR A NON-SIGNATORY/NON-CONTRIBUTING EMPLOYER
- BECOMES EXPELLED/SUSPENDED FROM THEIR HOME LOCAL/LODGE

THE APPLICANT SHALL BE REQUIRED TO REPAY THE NDT ATLANTIC REGION TRAINING TRUST FUND WITHIN THIRTY (30) DAYS OF NOTICE TO REPAY THE FUND BY THE TRUSTEES.

APPLICANT'S SIGNATURE _____ DATE _____