

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

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

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

<b>CURRENT EMPLOYER</b>	
<b>TRAINING/EXAM CENTRE</b>	
<b>DATE STARTED TRAINING</b>	
<b>DATE COMPLETED TRAINING</b>	

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

**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 CENTRAL REGION TRAINING TRUST FUND WITHIN THIRTY (30) DAYS OF NOTICE TO REPAY THE FUND BY THE TRUSTEES.**

**APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**