



**STEP-BY-STEP INSTRUCTIONS FOR NEW ENROLLEES:**

**“PLEASE SUBMIT YOUR APPLICATION TO ANAHEIM OR SAN FERNANDO LOCATION”**

**\*\*OPEN ENROLLMENT DEADLINE FRIDAY APRIL 8<sup>th</sup>, 2022\*\***

**STEP ONE** – Complete and sign the enclosed documents:

- a) ABC SoCal Electrician Certification Trainee Enrollment Form must be filled out in their entirety and signed by both Enrollee and the Nonmember Contractor where designated;
- b) State Application for New Registration of Electrician Trainee - must be filled out in their entirety and signed by Enrollee where designated;
- c) Emergency Information form;
- d) Hold Harmless and Indemnity Agreement;

**STEP TWO** – **Submit the entire following ORIGINAL documents to ABC SoCal by MAIL OR HAND DELIVER:**

- a) ABC SoCal Electrician Certification Trainee Enrollment Form must be filled out in their entirety and signed by both Enrollee and the Nonmember Contractor where designated;
- b) Emergency Information form;
- c) Hold Harmless and Indemnity Agreement;
- d) **YOU WILL SEND A COPY** of the State Application for New Registration of Electrician Trainee must be filled out in their entirety and signed by Enrollee where designated; **(YOU KEEP ORIGINAL, so you can mail it out to the state)**
- e) A **clear** and **enlarged** copy of enrollee’s **Drivers License**
- f) \$50.00 processing fee – Payable to: ABC SoCal (\$25.00 charge for returned checks – enrollment will be terminated)

**PLEASE SUBMIT YOUR APPLICATION TO:**

**\*\*\*SUBMIT ALL DOCUMENTS NOTED IN STEP TWO AT THE SAME TIME BY MAIL OR HAND DELIVER:**

**DROP-OFF LOCATIONS:**

CTP Administrator

**Drop Off:** Monday- Friday 8:30am to 4:30pm.

**Anaheim Mailing Address:** 1400 N. Kellogg Drive, Suite A, Anaheim, CA 92807

OR

**San Fernando Mailing Address:** 12979 Arroyo Ave. San Fernando, CA 91340

**STEP THREE** – Once ABC SoCal has received **ALL ORIGINAL** required documents noted in Step Two, ABC SoCal Staff will process the enrollee’s paperwork. The following document will be email or print to Enrollee:

- a) A Proof of Enrollment letter.

**STEP FOUR** – **THE ENROLLEE** is to **SUBMIT** all the following documents to the Department of Industrial Relations Division of Labor Standard Enforcement Attn: Electrician Certification Unit

- a) An ABC SoCal Proof of Enrollment letter.
- b) The **original** State Application for New Registration of Electrician Trainee form;
- c) A Check or Money Order for \$25.00 made out to the DIR – Electrician Certification Fund

**\*NOTE:** IT IS THE **ENROLLEE’S RESPONSIBILITY TO ENROLL WITH THE STATE**. Enrollee and the nonmember contractor should retain a copy of all documents submitted to the State that were provided by ABC SoCal in Step Three. It is recommended that the submission be sent via Certified Mail so that the enrollee has proof of delivery from the post-office.

*\*For more information or questions, please contact our craft-training administrator at either location:*

**Anaheim Office:** 714-779-3187 **San Fernando Office:** 818-898-2099



## Outline of Trainee Program Fees: Non-Member

### Enrollment:

- ABC SOCAL: **\$50.00** at time of enrollment
- DIR: **\$25.00** at time of enrollment  
(Must be paid directly to the State of California)

### Tuition:

- WINTER (January – June): \$500.00 monthly for 6 months = **\$3,000.00**  
(Entire first year; Level 1 ONLY)
- FALL (July – December): \$300.00 monthly for 5 months = **\$1,500.00**  
(All levels – First Semester)
- SPRING (January – May): \$300.00 monthly for 5 months = **\$1,500.00**  
(All levels – Second semester; Must have completed the previous Fall semester)

### Additional Class:

- OSHA 30 (**Mandatory**) = **\$250.00** per trainee (Billed once enrolled)  
(All current/new trainees)

### Books:

- CORE/LEVEL 1: **\$165.00**
- LEVELS 2-4: **\$125.00**
- GREEN: **\$45.00**  
(Taught during level 2)

### Misc.:

- MATH CLASS: **\$300.00**  
(For those that fail the TABE test)
- ROLL-OVER FEE: **\$10.00**  
(Billed yearly in August for State Renewal)



# Associated Builders and Contractors of Southern California Electrician Certification Trainee – Non-Member **Fall 2022** Enrollment Form

**Print or Type legibly using Blue or Black ink (MUST FILL OUT THE ENTIRE APPLICATION, IF INCOMPLETE WILL NOT BE ACCEPTED).**

<b>1. Enrollee Name:</b> First                      Middle                      Last                      Suffix	8. Electrical Contractor Member Name (If applicable):
<b>2. FULL ADDRESS:</b> (Include City & Zip Code)	9. Contractor Phone/Email
<b>3. **CELLPHONE NUMBER:</b>	10. Company Contact Person:
<b>4. **Date of Birth:</b> MM/DD/YYYY	11. <b>Level Placement</b> -                      First Year                      Second Year                      Third Year                      Fourth Year
<b>5. **Social Security Number</b>	12. <b>**Enrollee Email Address:</b>
<b>6. Gender: (For Reporting Purposes ONLY)</b>  Male                      Female                      Prefer not to Answer	13. <b>**Enrollee Driver's License Number</b>
<b>7. School location (Preferred, check one):</b>  Anaheim                      San Fernando Valley                      Riverside <i>(TBD - If Available)</i>	
<b>Program Fees:</b> 1. \$300.00 Monthly Fall Tuition – Billed monthly – <b>Due by the 1<sup>st</sup> of every month</b> 2. \$165.00 (1 <sup>st</sup> yr.) & \$125.00 (2 <sup>nd</sup> - 4 <sup>th</sup> yr.) Text Book – Billed after student receives book 3. \$250.00 Mandatory OSHA 30 billed when enrolled. 4. \$300.00 Math Class – Billed only if student is to attend 5-week math class (Price includes book) 5. \$45.00 Green Text Book (2.2 class) – Billed after student receives book ( <u>Spr. semester</u> ) 6. \$100.00 Make-Up Day – Billed after scheduled make-up day regardless of attending. 7. \$10.00 FALL Roll-Over – Billed - On returning students only 8. \$50.00 ABC SoCal Enrollment Fee (This is NOT the State's enrollment fee; the State's enrollment fee of \$25.00 must be paid directly to the State)	<b>***Required Enrollment Documents:</b> 1. An <b>ENLARGED COLOR COPY OF DRIVER'S LICENSE</b> 2. Emergency Information 3. Hold Harmless and Indemnity Agreement 4. State Application for New Registration of Electrician Trainee 5. \$50.00 Processing Fee – Payable to: ABC SoCal – Please remit with enrollment  <b>*Note:</b> Applications <b>WILL NOT</b> be process if <b>ALL REQUIRED DOCUMENTS ARE NOT SUBMITTED AND PROCESSING FEE HAS NOT BEEN PAID.</b> ABC SoCal will provide confirmation of enrollment once the enrollment process is complete.
By signing this enrollment form the trainee and his/her employer agree to the following: to abide by all Rules, Regulations, Policies and Procedures of the program; and confirm that the employee or employer is financially obligated to ABC SoCal for all of the above listed Program Fees for a duration of no less than one (1) semester. Associated Builders and Contractors of Southern California, Inc. (ABC SoCal) or its designee(s) is authorized to receive information and release information to NOCROP and the State of California – Division of Electrician Certification Unit and enrollee's employer. A \$25.00 charge applies to returned checks.	
<b>Signature of Enrollee:</b>	<b>Authorized Signature of Contractor's Designee:</b>
<b>Date:</b>	<b>Date:</b>

**\*\*\*ALL APPLICATIONS MUST BE MAILED TO OR DROPPED OFF AT OUR ANAHEIM/LA LOCATIONS:**

Contact person: ECTP Administrator, 714-408-7187 Email: [dgaleana@abcsocal.net](mailto:dgaleana@abcsocal.net)  
 Mailing Address: 1400 N. Kellogg Drive, Suite A, Anaheim, CA 92807  
 San Fernando Mailing Address: 12979 Arroyo Ave, San Fernando, CA 91340

DL State \_\_\_ Driver's License # \_\_\_\_\_  
Date of Birth:(mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_  
Payment Amount \$ \_\_\_\_\_  
ET#: T \_\_\_\_\_ (reinstating)

**APPLICATION FOR NEW REGISTRATION OF  
ELECTRICIAN TRAINEE or Reinstatement**

Name: Last: \_\_\_\_\_ Sfx: \_\_\_\_\_ First: \_\_\_\_\_ Initial: \_\_\_\_\_

Name must match U. S. Drivers License or State ID:

**Please PRINT or type all information in INK**

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**NOTE: You must attach a current proof of Enrollment or this application will not be processed. Check the box below that pertains to you. For those who have withdrawn, please fill out this form as stated on the second box below.**

Check **one** box to register and attach payment of **\$25.00** only (see bottom of this page for payable to)

I certify that I  am Enrolled in or  have Completed an Electrician Trainee Approved Curriculum at:

Use the School Number listed on our web site at <http://www.dir.ca.gov/dlse/ECU/ListOfApprovedSchools.html>

School No.: \_\_\_\_\_ School Name (printed): \_\_\_\_\_

**If you withdrew/cancelled from an ET school, you will be inactive on the ET list until you reinstate your ET status by filling out this portion and attaching your payment:**

ET #: \_\_\_\_\_ Cost to reinstate your ET card **\$25.00** (see below for payment information)

Reason: \_\_\_\_\_

School No.: \_\_\_\_\_ School Name: \_\_\_\_\_

This registration must be renewed annually until you become certified or leave the trade.

*I certify under penalty of perjury that all statements and attachments are true and correct.*

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

Submit form with **original** signature and keep a copy for your records.

Incomplete or inaccurately paid applications will NOT be approved.

Attach exact payment of **\$25.00** by check or money order payable to 'DIR – Electrician Certification Fund'.

Mail this completed form with all required attachments to:

**DIR-Division of Labor Standards Enforcement Attn: Electrician Certification Unit  
PO Box 511286 Los Angeles, CA 90051-7841**



## EMERGENCY INFORMATION

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**FULL** Address (Include Zip Code & State):

\_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

### **IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Optional Information: Do you have any conditions that could adversely affect or limit your classroom or on-the-job training?  Yes  No

If yes, please explain: \_\_\_\_\_

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### **CONSENT FOR TREATMENT**

I, the undersigned student (**check one of the following boxes**)  **DO**  **DO NOT** authorize any emergency X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and will remain in effect until revoked in writing.

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Student Signature

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Date



# ELECTRICIAN CERTIFICATION TRAINING PROGRAM

## HOLD HARMLESS AND INDEMNITY AGREEMENT

(Including Field Trips & Photos)

I, \_\_\_\_\_, accept the conditions of the Electrician Certification Training program and obligate myself to follow all of the requirements set therein.

I assume the entire responsibility and liability and will hold harmless Associated Builders and Contractors of Southern California, Inc., its agents, servants and employees from any and all losses, expenses, demands and claims made against Associated Builders and Contractors of Southern California, Inc., its agents, servants, and employees by myself as trainee or my heirs, survivors or any third person because of injury or alleged injury (including death) whether caused by Associated Builders and Contractors of Southern California, Inc., its agents, servants or employees negligence or otherwise arising from any activities anticipated under this training.

Furthermore, I grant ABC Southern California permission to photograph film and/or record me and use reproductions of my physical and audio likeness and in all media including but not limited to, motion pictures, video tape, television, commercial advertisements, promotional material, live presentations, and/or print materials. My signature below signifies my understanding and agreement to comply with these terms.

\_\_\_\_\_  
**Signature of Trainee**

\_\_\_\_\_  
**Date**

### ***EQUAL EMPLOYMENT OPPORTUNITY & ANTI-HARASSMENT POLICIES***

ABC SoCal's apprenticeship and craft training program comply with the current Department of Labor policies and regulations. It is the continuing policy of ABC, Southern California Chapter to take affirmative action to assure equal opportunity and anti-harassment for all current and prospective trainees without regard to:

Race, Color, National origin, ancestry, Gender, sexual orientation, age (40 or older), genetic information, personal appearance, marital status, familial status, family responsibility, pregnancy, other pregnancy-related conditions, childbirth, disability, military/veteran status, citizenship status, religion, political affiliation, past convictions or incarceration, prior psychiatric treatment.

*\*\*Additionally to any other status protected by federal or state law, local ordinance or Executive Orders.*

#### **COMPLAINTS:**

If an apprentice or trainee believes he or she has experienced discrimination or harassment, they may file a complaint, within 300 days of the alleged incident, through the:

**Division of Labor Standards Enforcement**  
**Retaliation Complaint Investigation Unit**  
605 W. Santa Ana Blvd. Bldg. 28, Room 625  
Santa Ana, CA 92701



# Craft Training/Certification Training program SELF – PAY CONTRACT Fall 2022 Non-Member

Program of Interest (Check One):      ECTP,                      PCTP,                      SMTCTP,                      ESTCTP

School Location (Check One):              Anaheim                                      San Fernando

Please print:

**Name** (First and Last): \_\_\_\_\_ **Last four digits of SSN:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

I \_\_\_\_\_, am requesting to be placed on a self-payment plan for the **Fall 2022** semester for Level: \_\_\_\_\_

- I understand and agree that I have a contractual and financial obligation to Associated Builders and Contractors of Southern California, Inc. (ABC SoCal) for the **Fall 2022** semester in the amount of \$1,500.00. *Agreed to:* \_\_\_\_\_
- I understand that I am required to make at least Five (5) minimum payments of \$300.00 each, **which are due on or before the assigned dates listed below**. I understand that monthly payments must be paid in the full of amount of \$300.00. I understand that there is **NO REFUND for any tuition payments**. *Agreed to:* \_\_\_\_\_

- ❖ 1<sup>st</sup> Tuition Payment – DUE August 01, 2022
- ❖ 2<sup>nd</sup> Tuition Payment – DUE September 01, 2022
- ❖ 3<sup>rd</sup> Tuition Payment – DUE October 01, 2022
- ❖ 4<sup>th</sup> Tuition Payment – DUE November 01, 2022
- ❖ 5<sup>th</sup> Tuition Payment – DUE December 01, 2022

- I understand that if any of my financial obligations **are not made on time I could be released from the ABC SoCal State approved Craft Training/Certification Training program** and legal collection procedures could be initiated against me and I will be responsible for all collection/court costs. I will **not be allowed to attend class until my tuition payments are up to date**. *Agreed to:* \_\_\_\_\_

\*\*Payment forms accepted are: Cash, Check, Money Order, and Credit Card (Visa or MasterCard only) \*\*

- I understand that should a payment not be honored by the bank I will be obligated to pay the \$25.00 returned check fee. *Agreed to:* \_\_\_\_\_
- I understand that if I fail to make any of the scheduled payments I hereby authorize ABC SoCal to charge the overdue payment to the following credit card, as I am an authorized user of this card, on the next business day. *Agreed to:* \_\_\_\_\_

Type of Card (check one):	Visa	MasterCard
Name on Card (as it appears on card):	_____	
Card Number: _____	CVC Number: _____	Expiration Date: _____

- I understand that the \$1,500.00 cost is strictly the tuition for the **Fall 2022** semester. There is no penalty for pre-paying my tuition. However, if a payment is not received when agreed to and/or if my credit card is declined, I will not be allowed to return to class until my payment is brought current. *Agreed to:* \_\_\_\_\_
- I understand that if I fail to purchase the appropriate text book(s) by the first class night I hereby authorize ABC SoCal to charge the text book(s) payment to the above credit card, as I am an authorized user of this card, on the next business day. However, if my credit card is declined I will not be allowed to return to class until the textbook is paid for. *Agreed to:* \_\_\_\_\_
- I understand that, in addition to my tuition and textbook(s) cost, I am financially obligated to pay, OSHA 30 fee of \$250 and **(Electrical Only)** Make-up day fee of \$100 when I am schedule. *Agreed to:* \_\_\_\_\_
- I understand that should I be released from this program for any reason, up to and including breach of this contract, the State of California will be immediately notified that I am no longer a registered Craft Training/Certification Training program student. *Agreed to:* \_\_\_\_\_
- I understand that ABC SoCal is not involved or responsible for any State required fees. *Agreed to:* \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Christina Burdick  
Senior Director of Education

\_\_\_\_\_  
Date