



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

**“PLEASE SUBMIT YOUR APPLICATION TO OUR ANAHEIM LOCATION”**

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

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

- a) ABC SoCal Plumbing Craft Training Enrollment Form must be filled out entirety and signed by Enrollee and Contractor where designated.
- b) Emergency Information form
- c) Hold Harmless and Indemnity Agreement

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

- a) ABC SoCal Plumbing Craft Training Enrollment Form must be filled out entirety and signed by Enrollee and Contractor where designated;
- b) Emergency Information form;
- c) Hold Harmless and Indemnity Agreement;
- d) A **clear** and **enlarged** copy of enrollee’s **Drivers License**
- e) **\$25.00 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 EMAIL, MAIL OR HAND DELIVER:**

**DROP-OFF LOCATIONS:**

CTP Administrator

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

**Email:** [dgaleana@abcsocal.net](mailto:dgaleana@abcsocal.net)

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

**\*NOTE: IT IS THE ENROLLEE’S & CONTRACTOR RESPONSIBILITY TO SUBMIT ALL REQUIRE DOCUMENTS TO ABC SOCAL BY EMAIL, MAIL OR HAND DELIVERY.**

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

**Anaheim Office:** 714-779-3187 **D:** 714-408-7187 **Email:** [dgaleana@abcsocal.net](mailto:dgaleana@abcsocal.net)



## Outline of Trainee Program Fees:

Plumbing Craft Training Program  
(Member)

### Enrollment:

- ABC SOCAL: **\$25.00** at time of enrollment

### Tuition:

- FALL (July – December): \$150.00 monthly for 5 months = **\$750.00**  
(All levels – First Semester)
- SPRING (January – May): \$150.00 monthly for 5 months = **\$750.00**  
(All levels – Second semester; Must have completed the previous Fall semester)

### Additional Class:

- OSHA 30 (**Mandatory**) = **\$250.00 per trainee**  
(all current / new trainees)

### Books:

- CORE/LEVEL 1: **\$165.00**
- LEVELS 2-4: **\$125.00**
- GREEN: **\$45.00** (Taught during level 2.2 spring semester)

### Misc.:

- MATH CLASS: **\$150.00**  
(For those that fail the TABE test, includes math book)



# Associated Builders and Contractors of Southern California

## Plumbing Craft Training – 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: First                                  Middle                                  Last                                  Suffix</b>	<b>8. Plumbing Contractor Member Name:</b>
<b>2. FULL ADDRESS: (Include City &amp; Zip Code)</b>	<b>9. Contractor Phone/Email:</b>
<b>3. **CELLPHONE NUMBER:</b>	<b>10. Company Contact Person:</b>
<b>4. **Date of Birth: MM/DD/YYYY</b>	<b>11. <u>Level Placement</u> -                  First Year                  Second Year                  Third Year                  Fourth Year</b>
<b>5. **Social Security Number</b>	<b>12. **Enrollee Email Address:</b>
<b>6. Gender: (For Reporting Purposes ONLY)</b>  <div style="display: flex; justify-content: space-around;"> <span>Male</span> <span>Female</span> <span>Prefer not to Answer</span> </div>	<b>13. **Enrollee Driver's License Number</b>
<b>7. School location (Preferred, check one):</b>  <div style="display: flex; justify-content: space-around;"> <span>Anaheim</span> <span>San Fernando Valley</span> <span>Riverside (TBD – If Available)</span> </div>	
<b>Program Fees:</b> 1. \$150.00 Monthly FALL Tuition – Billed monthly – Due by the 15 <sup>th</sup> of every month 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. \$150.00 Math Class – Billed only if student is to attend 5-week math class (Price includes book) 5. \$45.00 Green Text Book (3.2 class) – Billed after student receives book ( <u>Spr. semester</u> ) 6. \$100.00 Make-Up Day – Billed after attending scheduled make-up day 7. \$25.00 Processing Fee – Payable to: ABC SoCal – Please remit with enrollment or you will be billed accordingly  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 and enrollee's employer. A \$25.00 charge applies to returned checks.	<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. \$25.00 Processing Fee – Payable to: ABC SoCal – Please remit with enrollment or you will be billed accordingly  <b>*Note:</b> Applications <b>WILL NOT</b> be processed if <b>ALL REQUIRED DOCUMENTS ARE NOT SUBMITTED</b> . ABC SoCal will provide confirmation of enrollment once the enrollment process is complete.
<b>Signature of Enrollee:</b>	<b>Authorized Signature of Contractor's Designee:</b>
<b>Date:</b>	<b>Date:</b>

**\*\*\*ALL APPLICATIONS CAN BE EMAIL, MAIL OR DROPPED OFF AT OUR ANAHEIM LOCATION:**

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



## 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: \_\_\_\_\_

---

---

### **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.

---

---

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**PLUMBING CRAFT TRAINING PROGRAM**  
**HOLD HARMLESS AND INDEMNITY AGREEMENT**  
(Including Field Trips)

I, \_\_\_\_\_, accept the conditions of the Plumbing Craft 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