



IATSE 322 Joint Education and Training Trust Fund

Arranged Training Request Application

Date: _____

Referral Making Request: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Name and Type of Class: _____

Instructor or Training Company: _____

Class Dates: _____

Class length (days and hours): _____

Certificate: Y or N

Certification: Y or N

Name of Certifying Entity: _____

Class Instructor Cost:	
Class Material Cost:	
Expendable Cost:	
Equipment Rental Cost:	
Travel Costs	
Lodging Costs:	
Meals Cost:	
Misc. Costs:	
Sub Total:	
Amount paid by Referral:	
Amount Requested from Training Fund:	

Course Discription:

All requests must be approved by the IATSE Local #322 JETT Trust Board.

I.A.T.S.E. Local #322
Joint Education Training Trust Fund
6101 Idlewild Rd Suite 322 Charlotte, NC 28212
Telephone: (704) 367-9435