



ABC Texas Coastal Bend Electrical CEU Applicant Information

Electrical Safety Based on 2011 NEC TDLR class # 8317 Provider # 1037

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Ph: () _____ Alternate Ph: () _____

Social Security _____ Electrical License _____

Number: _____ Number: _____

_____ License Expiration _____

Email: _____ Date: _____

Master: Journeyman:

Employer Information

Employer Name: _____ Title: _____

ABC Texas Coastal Bend

Work Phone: () _____ Member? Yes No

The ABC Texas Coastal Bend will report to the Texas Department of Licensing & Regulation (TDLR) your attendance of our course, only if the following requirements are met:

- This application and release agreement are completed, signed and returned to the Craft Training Center at least 48 hours in advance.

Forms may be faxed to (361) 289-0499 or mailed to 7433 Leopard St. Corpus Christi, TX 78409. If forms are faxed, please bring the original signed copies with you on the date of the class.

- Payment was received two working days prior to the session. *(Make Check payable to: Craft Training Center)*
- Valid government-issued photo identification is provided at session check-in.
- We require **48 hours** notice for students who have registered and need to cancel or re-schedule.
- **Students will not be allowed to enter once the instructor has started the class and must arrive 15 to 30 minutes prior to scheduled start time for check-in.**

Applicant's Signature

Date

Date of Session

Release, Indemnification, and Dispute Resolution Agreement

I hereby authorize the Craft Training Center of the Coastal Bend, Inc., (hereinafter, referred to as the CTCCB), and/or the Associated Builders and Contractors, Inc., Texas Coastal Bend Chapter (hereinafter referred to as the ABC), to release any and all results and associated information obtained from or related to any training I receive or have received in the past, or to the skills assessment and diagnostic examination process, including the names of any CTCCB or ABC courses passed or failed, to my present or any future employers, and to any other entity with whom I may make application for employment. I further acknowledge that based on the results of the skills assessment process, the CTCCB or the ABC may, but is not obligated to, recommend to me and my present or future employer that I receive further training in a particular craft or area.

In exchange for any training I receive, I further agree to release, indemnify, defend and hold harmless the CTCCB, its directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries, the ABC, its directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries, and any entity to whom information is or may be disclosed pursuant to this authorization, from and against all loss, cost and expense, including legal fees and court costs which they may suffer or sustain, or be liable for and against any and all claims, demands, and suits arising out of any injury, death, or material losses, including lost wages, resulting from, arising out of, or allegedly caused in any way by any training I receive or have received in the past or from any part of the skills assessment process, and/or from any damages or losses resulting from the release of information to any third party concerning such assessment, testing, and/or training, including any personal information legally obtained by the CTCCB or the ABC. This release and indemnification shall apply even if my losses or damages are caused by the sole or concurrent negligence of the CTCCB and/or the ABC or their directors, officers, employees, representatives, agents and affiliates, parents, subsidiaries.

Additionally, the CTCCB, the ABC, and I **mutually** agree that any and all claims, disputes and controversies, including but not limited to those arising out of or in any way related to any training I receive or have received in the past, or to the skills assessment process conducted by the CTCCB or the ABC, including the arbitrability of such claims, disputes and/or controversies, between and/or among myself, the CTCCB, the ABC, their officers, directors, agents, affiliates, parents, subsidiaries, sponsors, members, stock holders, employees, and customers, that now exist or may hereafter arise, whether based on the Constitution, Statutes, Ordinances, Regulations, Rules and/or the Common Law of the United States or of any State, and all subdivisions of either, and/or whether based on claims or theories of contract, quasi-contract, personal injury, tort, offenses, quasi-offenses or otherwise, shall be exclusively resolved by the parties first trying to settle by mediation, and failing which, by binding arbitration. Unless specifically and mutually agreed otherwise, the mediation and/or arbitration shall be administered by the American Arbitration Association under its appropriate rules, and shall be pursuant to the provisions of, and jurisprudence interpreting, the Federal Arbitration Act and/or the Texas Alternative Dispute Resolutions Act, whichever shall have the broadest effect. **All claims of any rights to the contrary, including any right to trial by jury, are hereby expressly waived.** If, for any reason, the American Arbitration Association is unable or unwilling to administer the proceedings, the claim or dispute will be submitted for resolution to another recognized entity providing mediation and/or arbitration services. The Arbitrator(s) shall be the sole and exclusive determiner of jurisdiction. Judgment upon any award may be entered in any federal or state court having jurisdiction thereof. All fees and expenses of the mediation and/or arbitration will be borne by the parties equally

This agreement shall be binding on my respective heirs, successors and assigns. If any part of this agreement is held to be invalid the remaining parts will not be invalidated and will continue to be in full force and effect.

Name (Please Print): _____

Date: _____

Signature: _____

SSN: _____



**Associated Builders & Contractors, Texas Coastal Bend Chapter
through the Craft Training Center of the Coastal Bend is now offering:**

Continuing Education Units

**NEC 2011 and NFPA 70E[®] Requirements for Electrical Safety
in the Workplace**

Electrical Safety Based on 2011 NEC

TDLR Course # 8317

Provider # 1037

To satisfy the requirements for a
Texas State Electrical License



Classes will be held at
The Craft Training Center
of the Coastal Bend
7433 Leopard St.
Corpus Christi, Texas 78409



The classes will be limited to 30 students.

Enrollment is on a first-come, first-serve basis.

Payment is required two days prior to class.

To receive a refund, a 48 hour cancellation notice is required.

Download registration forms at www.ctccb.org

Cost:

\$45

For Class Schedule and Reservations:

Please Call: (361) 289-1636
or Toll Free: 1(866) 237-5455



101 Baldwin Blvd
Corpus Christi, TX 78404-3897

Continuing Education Registration Form

Del Mar College does not discriminate on the basis of race, color, sex, age,
national origin, religion, disability, or any other constitutionally impermissible reason.



7433 Leopard St.
Corpus Christi, TX 78404

Student Information

Name: _____ Email Address: _____
Last First Middle

Other Names: _____

Mailing Address: _____
Number/Street Apt.# City State Zip County

Phone: _____ SSN or Colleague ID: _____
Home Cell Business

Gender: Male Female Date of Birth: _____

I certify that I have read and understand Important Facts about Bacterial Meningitis. Yes No
(Information may be obtained at <http://www.delmar.edu/admissions/meningitis.php>)

How did you hear about Del Mar?

Newspaper Brochure Email Class Schedule Direct Mail Website Channel 19/DMC-TV

Are you a resident of Texas? Yes No If no, what state? _____

Del Mar College will use the following data for federal and/or state law reporting purposes. Your completed responses are voluntary and the information will be used in a nondiscriminatory manner consistent with applicable civil rights laws.

Are you Hispanic or Latino? Yes No

Select the racial category or categories with which you most closely identify. Check as many as apply.

White Black or African-American Asian American Indian or Alaskan Native International
 Unknown or Not Reported Native Hawaiian or Other Pacific Islander

Are you a single parent? Yes No

Do you speak and understand English well? Yes No
(Answer "No" if English is not your primary language or you consider yourself somewhat limited in the use of English.)

Are you a displaced homemaker? Yes No
(You have worked without pay to care for the home and family, and for that reason have few marketable skills and are experiencing difficulty in obtaining employment.)

Course Information

Term	Course/Section	Title	Location	Start Date/End Date	Times	Days	Fee

By properly completing this form, you will become a Del Mar College student giving you additional access to resources as well as the ability to obtain an official transcript of your educational attainment. All classes are through Continuing Education.

FOR OFFICE USE ONLY	
Date _____	Initials _____