Application Request Form:



Full Legal Name Mailing Address City State Zip Phone Number Driver's License & Expiration E-Mail I am requesting an application for the following program. There is a \$50.00 (see for each Inside & Low Voltage application as each program is separate. Residential does not have an application fee. Please indicate the program you would like to apply for: Inside Wireman Low Voltage Residential Lhave read & understand the requirements for the program I am applying for. I understand & accept responsibility for completing my application form & submitting all subsequent required documents & information within the specified time frame. I understand that it is my responsibility to keep the apprenticeship programs office informed of my current mailing address and telephone number. A \$50.00 (cash, check/money order, or if in person credit card) application fee must accompany this request form. Once this form has reached our office an application will be mailed to you at the address listed above. Please make sure that your address is legible. WE will not be held responsible for any applications that are returned to us as undeliverable from the USPS. You have 10 days from the date of application being mailed to you to return it to our office at: 3001 S 36 th Street 74 Tacoma, WA 98409. Failure to return the application within the 10 days will result in your application being cancelled. Application fee is non-refundable, if you pay by check & your check is returned by your banking institution, your application will be withheld from further processing until full payment plus returned check charges are paid in full. Application fee is non-refundable, it is not requirement is not met, the application fee will be without discrimination because of row, color, religion, national origin, see or age, except the applicant must be at least 18 years of age to apply. The IATC does not, & will not discriminate against a qualified indovidual with a disability because of the disability of such individual. By signing, I acknow					Electrical JATC	Control of the Contro	
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Shaded Box below for JATC Use Only

Application #: Date Mailed Out: Payment Method: