

Contractor Access to TRAIN

Please complete the information below to request access to TRAIN.

Contractor Name: _____

Contractor Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Fax: _____

Contact Email: _____

Access Type:
(Select one Access Type)

Regional Access - Grants contractors access to locals supported by an individual Training Fund.

List local union number(s): _____

UBC Training Director will provide Name and Fax Number

Authorized Signature: _____
UBC Affiliated Training Director

National Access - Grants contractors access to members training in all states and/or provinces.

Check to select: _____ **USA** _____ **Canada**

National Access Renewal - Renews previously granted National Access to members training in all states and/or provinces.

Check to select: _____ **USA** _____ **Canada**

Fax National Access requests to:

William K. Irwin, Jr.
Executive Director CITF
Fax: (702) 407-3089

Authorized Signature: _____
William K. Irwin, Jr., Executive Director CITF