



# 2024/2025 Restricted Enrollment Skills Training Application

Your Skills Training Application **must** be approved by Contract Services **prior** to taking the requested course. There is no reimbursement for Restricted Enrollment Courses. Please note that Contract Services' facilitation of skills training is not intended to expand, limit or in any way affect the scope of work covered by any collective bargaining agreement.

**Eligibility:**

For Roster classifications, you must be active on the Roster for the applicable local union and classification, and be in compliance with Contract Services training requirements. You may check your status on the Industry Hub at <https://www.thehub.org/s/search>

For "non-roster" classifications, you must reflect on the Industry Hub in the applicable local union and classification and be in compliance with Contract Services training requirements.

For questions regarding training dates, course content and scheduling, please contact your local union.

**This form must be completed, signed and returned as instructed below. Submit one signed application for each requested course. Please allow 1-2 weeks for processing.**

Print all information completely and legibly. Personal information will be updated accordingly.

Name: \_\_\_\_\_ Last four digits of SSN\*: \_\_\_\_\_

Local Union: \_\_\_\_\_ Job Title/Classification: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Course Name: \_\_\_\_\_  
(Please write course name exactly as it appears on the Course Reference List.)

**I have read, understood and agree to all the terms and conditions listed above:**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please email this form to Contract Services to: [SkillsTraining@csatf.org](mailto:SkillsTraining@csatf.org)**

If you have any questions about this form, or how to submit it, please contact us at 818.565.0550 ext. 1260

**For Office Use Only**

Required Training Compliant: \_\_\_\_\_ Completed by: \_\_\_\_\_

Approved  Denied