



**NDT INDUSTRY
NATIONAL TRAINING TRUST FUND**
Application for Reimbursement
CERTIFICATION/RECERTIFICATIONS/RENEWALS



In accordance with the NDT Industry National Training Trust Fund Working Rules and Regulations, all claims must be submitted within 90 days, of confirmation of Certification, to:

NDT Industry National Training Trust Fund, c/o DA Townley and Associates Ltd.

101 – 4190 Lougheed Highway, Burnaby, BC V5C 6A8

Phone: (604) 299-7482 or 1-800-663-1356 E-mail: ndt.training@datownley.com

Please Include:

- Original receipts for testing centre, eye exam and photos
- Proof of certification from certifying body

***** Note: YOU MUST BE A MEMBER IN GOOD STANDING TO APPLY *****

DATE OF APPLICATION:	
APPLICANT'S NAME:	
RESIDENTIAL ADDRESS:	
CITY:	POSTAL CODE:
TELEPHONE:	SIN:
EMAIL:	
UNION MEMBERSHIP : <input type="checkbox"/> BOILERMAKERS <input type="checkbox"/> UNITED ASSOCIATION	LODGE/LOCAL:
NAME OF AND LOCATION OF CURRENT EMPLOYER:	
REGISTRATION FEE (please specify):	\$
EXAM/TEST CENTRE FEES (please specify):	\$
	\$
RENEWAL/CERTIFICATION/RE-CERTIFICATION FEE (please specify):	\$
EYE EXAM (max \$60.00). Copy of the NRCan Eye Examination report required	\$
PHOTOS (max \$25.00)	\$
OTHER - Travel (attach original receipts)	\$
OTHER - LOA Accommodation (attach original receipts for Commercial Lodging)	\$
OTHER – LOA Meals (Indicate # of days claimed for course and or exam)	\$
TOTAL AMOUNT CLAIMED	\$

MAKE CHEQUE PAYABLE TO:

It is understood that when a member receives reimbursement from the training fund for educational costs or certification and/or testing fees, the member can no longer use such costs as a tax deductible expense. The applicant also agrees that if he/she terminates employment from the QCCC segment of the NDT service industry, works for a non-signatory contractor, or becomes expelled/suspended from their home local or lodge within 3 years of receiving reimbursement from the NDT Industry National Training Trust Fund, these monies, as well as any and all expenses incurred by the trustees in the collection of the funds, will be repaid in full to the Fund by the applicant.

SIGNATURE OF APPLICANT:

OFFICE USE ONLY		
D. A. Townley report date:	Contribution hours:	Union Initiation Date:
Member in good standing? <input type="checkbox"/> yes <input type="checkbox"/> no	Date confirmed:	
APPROVED		
For the NDT Industry National Training Trust Fund (trustee signature):	For the NDT Industry National Training Trust Fund (trustee signature):	