



**NDT INDUSTRY
NATIONAL TRAINING TRUST FUND**
Application for Reimbursement
TRAINING COURSES AND WORKSHOPS



In accordance with the NDT Industry National Training Trust Fund Working Rules and Regulations, all claims must be submitted within 90 days, of completion of course or 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 all of the following:

- Original receipts
- Proof of successful completion of course
- Copy of registration acknowledgement letter from NRCan

***** 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: ___ BOILERMAKERS ___ UNITED ASSOCIATION	LODGE/LOCAL:
NAME OF AND LOCATION OF CURRENT OR MOST RECENT EMPLOYER:	
COURSE/WORKSHOP:	DURATION (in hours):
START DATE:	INSTRUCTOR'S NAME:
TRAINING PROVIDER AND FACILITY LOCATION:	
COURSE/WORKSHOP FEES:	\$
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? ___yes ___no	Date confirmed:	

APPROVED	
For the NDT Industry National Training Fund (trustee signature):	For the NDT Industry National Training Fund (trustee signature):