



NEIEP Welding Training Application

LOCAL #: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Social Security #: _____ - _____ - _____

Address: _____

City: _____

State + Zip: _____

Home Phone #: _____

Cell #: _____

Email: _____

Please Check One: Journeyperson Apprentice

Year of Apprenticeship: _____ Elevator Experience: _____ Years

Do you own a welder? _____

Rate your welding skills (1-10) 1 being the lowest, 10 the highest: _____

NOTE!

APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED!