

EMPIRE STATE CARPENTERS TRAINING CENTER

27 Warehouse Row, Albany, NY 12205

518-438-0901 fax: 518-438-4485

WILLIAM MACCHIONE
DIRECTOR

DAVID MOAK
COORDINATOR

DATE _____

NAME _____ LOCAL UNION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____

BEEPER/CELL () _____

PLEASE CHECK AREAS THAT YOU ARE INTERESTED IN:

<input type="checkbox"/> AERIAL LIFT OPERATOR	<input type="checkbox"/> MSDS SHEETS (READING)
<input type="checkbox"/> ALLIED TRADES ASBESTOS CERT.	<input type="checkbox"/> OSHA 10
<input type="checkbox"/> BLUEPRINT READING	<input type="checkbox"/> OSHA 30
<input type="checkbox"/> CABINET-MILLSHOP	<input type="checkbox"/> RIGGING
<input type="checkbox"/> CARPENTRY MATH	<input type="checkbox"/> SCAFFOLDING: ___ 16 HR. ___ 40 HR.
<input type="checkbox"/> CEILING: ___ GRID ___ BARREL	<input type="checkbox"/> SCAFFOLD USER
<input type="checkbox"/> CLEAN ROOM TRAINING	<input type="checkbox"/> SOLID SURFACE CERTIFICATION
<input type="checkbox"/> CONCRETE: ___ ICF ___ SYMONS	<input type="checkbox"/> TRIM & FORMICA
<input type="checkbox"/> CONFINED SPACE	<input type="checkbox"/> WELDING
<input type="checkbox"/> DOOR & FINISH HARDWARE	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ERGONOMICS	_____
<input type="checkbox"/> FALL PROTECTION	_____
<input type="checkbox"/> FIRESTOP	
<input type="checkbox"/> FIRST AID/CPR	
<input type="checkbox"/> FORKLIFT/TOWMOTOR	MILLWRIGHT:
<input type="checkbox"/> FRAMING SQUARE	<input type="checkbox"/> GE FAMILIARIZATION
<input type="checkbox"/> HAZMAT CERTIFICATION	<input type="checkbox"/> HYTROC
<input type="checkbox"/> HILTI/RAMSET CERTIFICATION	<input type="checkbox"/> MACHINE ALIGNMENT
<input type="checkbox"/> LASER CERTIFICATION	<input type="checkbox"/> MILLWRIGHT TESTING
<input type="checkbox"/> LEVEL & TRANSIT	<input type="checkbox"/> PRECISION LEVEL
<input type="checkbox"/> METAL FRAMING	<input type="checkbox"/> PUMP TECH – LEVEL I

CLASSES WILL NOT BE SCHEDULED UNTIL THERE IS SUFFICIENT ENROLLMENT.