CFS Training (MITAGS) Registration Form

THE FOLLOWING NAMES ARE SUBMITTED AS CANDIDATES FOR TRAINING AT THE CARRIER-ILA CONTAINER FREIGHT STATION TRUST FUND CRANE TRAINING SCHOOL IN LINTHICUM HEIGHTS, MARYLAND. IT IS UNDERSTOOD THAT THE COMPANY HEREUNDER NAMED WILL BE RESPONSIBLE FOR THE WAGES AND FRINGES OF THESE CANDIDATES AND THAT THE COMPANY WILL BE THE EMPLOYER. WAGES (ONLY) TO A MAXIMUM OF 80 HOURS STRAIGHT TIME WILL BE REIMBURSED BY THE CFS FUND UPON SUCCESSFUL COMPLETION OF THE COURSE.

Type of Training Class	*Class Dates*	*Port*	*Employer*

Legal First Name (no nicknames)	*Full Middle Name*	*Last Name*	*Suffix (Jr., Sr., III)*	*Plane Tickets?*
Street Address	*City/State/Zip*	*Home Airport (if flying)*	*Date of Birth*	
Home Phone	*Cell Phone*	*E-Mail*	EMERGENCY CONTACT NUMBER	

Legal First Name (no nicknames)	*Full Middle Name*	*Last Name*	*Suffix (Jr., Sr., III)*	*Plane Tickets?*
Street Address	*City/State/ZIP*	*Home Airport (if flying)*	*Date of Birth*	
Home Phone	*Cell Phone*	*E-Mail*	EMERGENCY CONTACT NUMBER	

Legal First Name (no nicknames)	*Full Middle Name*	*Last Name*	*Suffix (Jr., Sr., III)*	*Plane Tickets?*
Street Address	*City/State/Zip*	*Home Airport (if flying)*	*Date of Birth*	
Home Phone	*Cell Phone*	*E-Mail*	EMERGENCY CONTACT NUMBER	

Printed Name of Contact Person	*Phone*	*Company/Association*	*Date*
Signature of Contact Person	*E-Mail*	*Fax*	