

**Glazier Training
Apprenticeship Program**

Please complete and return to the FESBC by fax; or email

Please note this is not a mailing address

Personal Information

Surname _____ First Name _____ Middle Name _____
 Address _____ City _____ Prov BC PCode _____ Birthdate dd/mm/yy ____/____/____
 Home Phone _____ Cell _____ Email _____
 Apprentice # _____ Sponsor ITA # _____
 Emergency Contact _____ Emergency Phone _____

Company Information

Company _____ Contact Person _____
 Address _____ City _____ Prov BC PCode _____
 Phone _____ Fax _____ Email _____

Courses

I am interested in applying for the following levels: Level I Level II Level III
 If the program is full I am interested in being placed on a waiting list for the next available space. Yes No
 I authorize that FENBC will use and maintain this information for the purpose of admission, registration and other fundamental activities related to attending the Glazier Training Apprenticeship Program.

Signature _____ Date _____

Costs	Tuition	Admin	Manual	Specification Manual (L3 only)	Total (A)
<input type="checkbox"/> FENBC Member (All Levels)	600.00	150.00	150.00	0.00	900.00
<input type="checkbox"/> FENBC Non -member (Level I or II)	600.00	375.00	300.00	0.00	1,275.00
<input type="checkbox"/> FENBC Non -member (Level III)	600.00	375.00	300.00	300.00	1,575.00

For Level 1 training it is a **requirement** that you have current up to date training in **first aid, fall protection and aerial lift training**. If you do not have this training FENBC will make arrangements for this training at your/employers cost. If you have current training please provide a copy of your card with this registration. If you do not have current training the costs listed below will be added to your invoice.
Note - this applies to Level 1 training only.

Training	Yes I have training	I require training	Total (B)
First Aid	<input type="checkbox"/> I have training and have enclosed proof	<input type="checkbox"/> I require training Cost	90.00
Fall Protection	<input type="checkbox"/> I have training and have enclosed proof	<input type="checkbox"/> I require training Cost	150.00
Aerial Lift Training	<input type="checkbox"/> I have training and have enclosed proof	<input type="checkbox"/> I require training Cost	115.00

Add all required training costs Total B
 Add Total A and Total B

Note: A \$100.00 deposit will be required to hold your place. You will receive an invoice one week after registration that is payable immediately. Balance is due the first day of class.

Financial Information

Method of Payment: Invoice Me (Members only) Credit card Visa Mastercard
 If paying by credit card please indicate the type of card

Card # _____ Expiry Date _____ / _____

Name as it appears on card _____ Signature _____

Please use the above noted credit card to process my final payment. Note: This payment will be processed the day before classes begin.

Refund Policy

Any withdrawal/cancellation taking place a minimum of one month (30 days) prior to the start of your class will receive a full refund. Any withdrawal/cancellation 29 days prior or less of the start date of your class will result in the forfeit of your deposit. Any withdrawals from your class after the start date will result in the loss of full tuition.