



STUDENT REIMBURSEMENT REQUEST

CERTIFICATION TYPE:

InfoComm CTS Certification

ETCP Certification:

Arena Rigger

Theatre Rigger

Entertainment Electrician

NAME:

(Last, First, MI)

LOCAL #:

ADDRESS:

ADDRESS 2:

CITY:

STATE/PROVINCE:

POSTAL CODE:

COUNTRY:

TELE:

EMAIL:

Title of Certification:

Date of examination:

Certification received?

YES (Photocopy or scanned certification must be provided)

NO

Paid for certification exam?

YES (Photocopy or scanned proof of payment must be provided)

If yes, how much?

NO

“I verify that I paid for taking the certification exam and I have not been reimbursed from any other source for the reimbursement I now request.”

SIGNATURE:

DATE:

*****All requests must be approved by the IATSE Entertainment & Exhibition Industries Training Trust Fund Board of Trustees.*****

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