

ICI AGREEMENT

WAH REIMBURSEMENT FORM



Date: _____
 Member Company: _____
 Address: _____
 Make Cheque Payable to: _____
 Company Contact: _____ Email: _____
 Training Provider: _____ Phone: _____

NOTE:
 ECA OTTAWA WILL REQUIRE FOR EACH INDIVIDUAL TRAINED A COPY OF THE TRAINING CARD (CERTIFICATE OF TRAINING)

ICI Classifications:
 Apprentice (1st year) Journeyman
 Apprentice (2nd year) Sub-Foreman
 Apprentice (3rd year) Foreman
 Apprentice (4th year) General Foreman
 Apprentice (5th year)

MEMBER NAME	DATE OF TRAINING	TRAINING TYPE		CLASSIFICATION (NOTE: AT TIME OF TRAINING)	ECA USE ONLY
		Original	Recert.		
	DD/MM/YEAR				
	DD/MM/YEAR				
	DD/MM/YEAR				
	DD/MM/YEAR				
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	DD/MM/YEAR				
	DD/MM/YEAR				
	DD/MM/YEAR				
	DD/MM/YEAR				
	DD/MM/YEAR				
	DD/MM/YEAR				
ECA USE ONLY WAGE SUB-TOTAL: TRAINING COSTS: HST: TOTAL:					

CHEQUE #: _____ JE #: _____

DATE: _____