LINEMEN AGREEMENT

WAH REIMBURSEMENT FORM

Date: _____

Member Company: _____

Address: _____

Make Cheque Payable to: _____

Company Contact: _____ Email: _____ Phone: _____

Training Provider: _____

NOTE:

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

Linemen Classifications:

Utillityman (1st year)
Utillityman (2nd year)

Groundman (1st year)
Groundman (2nd year)

Groundmen Driver (1st year)
Groundmen Driver (2nd year)
Groundmen Driver (3rd year)

Groundmen Equipment Operator (1st year)
Groundmen Equipment Operator (2nd year)
Groundmen Equipment Operator (3rd year)

Powerline Technician Apprentice (1st year)
Powerline Technician Apprentice (2nd year)
Powerline Technician Apprentice (3rd year)
Powerline Technician Apprentice (4th year)

Journeyman Lineman
Sub-Forman Journeyman Lineman
Foreman Journeyman-lineman

MEMBER NAME	DATE OF TRAINING	TRAINING TYPE		CLASSIFICATION	ECA USE ONLY
		Original	*Recert.*	(NOTE: AT TIME OF TRAINING)	
	DD/MM/YEAR				
	DD/MM/YEAR				
	DD/MM/YEAR				
	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: _____