

MAINTENANCE 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)

Maintenance Classifications:

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

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