TERAFLEX 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)

Teraflex Classifications:

Groundman Driver
Class 1 Utilityman
Class 2 Utilityman
Groundman Equipment Operator
Foreman

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: _____