



REGISTRATION FORM
MERIT SHOP TRAINING, INC. (MSTI)

TO BE COMPLETED BY STUDENT/PLEASE PRINT

Craft or Course (Registering in) _____

Name _____ Date of Birth _____ Birth City _____

Address _____ City/State _____ Zip _____

Phone No. _____ Social Security No. _____

NCCER Card No. _____ Email _____

Supervisor _____ Employer _____

For Brazosport College Registration ONLY:

Have you ever been enrolled at Brazosport College?

Circle: YES NO

If "NO", you MUST do the following:

- 1. Apply for admission at www.applytexas.org.
2. Request an official transcript from the most recent educational institution in which you were enrolled; OR have evidence of your GED.
3. Participate in the 2-part BC New Student Orientation. Visit http://www.brazosport.edu/StudentLife/Orientation for current information.

- Male White
Female Black
Hispanic
Asian
Other

Per NCCER, MSTI is required to hold your records no more than three (3) years. You are responsible for keeping your own records and retaining copies of your payment receipts.

I give permission for Brazosport College to release my grades, attendance records, NCCER # and student ID# to my employer, MSTI and ABC of Texas Gulf Coast, Inc. I furthermore give permission for MSTI to release my grades, attendance records, NCCER # and student ID# to my employer and ABC of Texas Gulf Coast, Inc.

In consideration for the voluntary training program offered by Merit Shop Training, Inc. (MSTI), I hereby agree to accept all responsibility and liability for any and all harm or injury which I might suffer while attending such classes or while in transit to and from such classes.

Signature _____ Date _____

Comments: _____ Classes: _____

FOR OFFICE USE ONLY
Fall 20 _____ Spring 20 _____ Summer I 20 _____ Summer II 20 _____
Phone/Internet Registered _____ Approved for _____ Classes & Coop _____ Phone Approval: _____
Company Rep./ MSTI Initial / Date _____
MERIT SHOP REPRESENTATIVE _____ COMPANY TRAINING DIRECTOR _____

Registration and Release Form



Please type or print legibly. Inaccuracies on this form may be reflected on credentials. This form must be completed to be entered into the NCCER Registry System. Records containing personal trainee information, including but not limited to score reports, training prescriptions, and transcripts, may not be distributed until this form has been completed.

* Denotes required fields.

ATS/AAC Name*: MERIT SHOP TRAINING, INC. _____

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Home Number OR Cell Number

Email Address: _____

Birth Date*: _____ Birth City: _____

* You must provide **ONE** of the following numbers to be entered into the NCCER Registry System. A unique NCCER Card Number will be generated once your Registration and Release Form has been entered into the system. System Generated Numbers (SGNs) are no longer available. **Pipeline users MUST provide their SSN.**

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

If you provide the **State DOE Student Number**, then please first contact your Sponsor Representative to ensure your state I.D. Type has been added to the Registry System. NCCER must approve all new Alternate I.D. Types. Please contact NCCER Customer Support if you have any questions.

Optional Information:

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I hereby authorize NCCER to verify information in my training and/or assessment records, which may include any of the personal information provided on this form. I agree to release and hold harmless NCCER for the disclosure of any such information in connection with this verification process.

Signature*: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Required if individual is under 18 years of age.)

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines. Do not send to NCCER unless requested.