



## CSST/CMA PROGRAM

### Assessment Registration and Release Form

<b>Name (Please Print):</b>			
<b>Last 4 of Social Security #:</b>		<b>NCCER:</b>	
<b>State ID#:</b>			
<b>Craft:</b>	<b>Years:</b>	<b>Date of Birth:</b>	<b>Birth City:</b>
<b>Mailing address:</b>			
<b>Contact phone:</b>			
<b>Contact email:</b>			
<b>Employer:</b>			

**\* AUTHORIZATION AND RELEASE:**

I, the undersigned, do hereby authorize Associated Builders and Contractors, Inc., Texas Gulf Coast Chapter and Merit Shop Training, Inc., and NCCER to release all training and skills assessment records stored in their respective databases to the employer referenced above and its customers.

I further release and authorize Associated Builders and Contractors, Inc., Texas Gulf Coast Chapter and Merit Shop Training, Inc., and NCCER from any and all liability that may result from the release of said records and agree to hold harmless Associated Builders and Contractors, Inc., Texas Gulf Coast Chapter and Merit Shop Training, Inc., and NCCER and its representatives from any and all damages for liability therefore which may result from the release of said records.

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 \* Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# 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.