

If you do **not** have an NCCER number assigned to you (you have **never** tested or taken a class) and have **not** completed registration in the new NCCER Registry system, please follow the instructions below:

Visit nccer.org

Scroll down and click "Home"

Scroll down and click "Registry System Icon"

Click "Register" and follow instructions to receive your NCCER #.

Once you have received your NCCER #, please forward it to me at:

kay@abctxgulfcoast.org

If you **do** have an NCCER number assigned to you but **have not registered** the number in the new system, please follow the instructions below:

Visit nccer.org

Scroll down and click "Home"

Scroll down and click "Registry System Icon"

Click "Register" and follow instructions to complete registration.

Thank you,

Kay Farmer

Associated Builders & Contractors, Inc.

Merit Shop training, Inc.

1002 ABC Avenue

Freeport, TX 77541

Phone: (979)824-7370



SKILLS ASSESSMENT PROGRAM

Assessment Registration and Release Form

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

*** 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.

* 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.