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
## NCCER OQ/CT PROGRAM
Assessment Registration and Release Form

<table>
<thead>
<tr>
<th>Name (Please Print):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #:</td>
<td>NCCER #:</td>
</tr>
<tr>
<td>State ID#:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Craft:</td>
<td>Years in Craft:</td>
</tr>
<tr>
<td>Mailing address:</td>
<td></td>
</tr>
<tr>
<td>Contact phone:</td>
<td></td>
</tr>
<tr>
<td>Contact email:</td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
</tr>
</tbody>
</table>

___ Male  ___ White  ___ Black  ___ Hispanic  ___ Asian  ___ Other

___ Female

**Per NCCER Merit Shop Training, Inc. (MSTI) is required to hold your records no more than three (3) years. You are responsible for your own records.**

**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 covered task module exam 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.

If my employer is paying for this class, I give permission for MSTI to release my grades, attendance records and student ID# to my employer and ABC Texas Gulf Coast chapter.

In consideration for the voluntary training program offered by 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: _____ / _____ / ______

---

MSTI logo

NCCER logo
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.

Updated 02/2019