You must be an IATSE TTF Beneficiary to be eligible for this program. A TTF Beneficiary is an individual who is an active IATSE member or is working under an IATSE agreement. Reimbursement is made for the cost of the certification exam in which you received a passing score for the approved industry certifications listed below. Review courses and other fees incurred during the certification or recertification process are not reimbursable.

Your certification issue/effective date must fall within the calendar year or within six months of the date of your application. Email your application to funding@iatsetrainingtrust.org and include a copy of your certification and receipt. Proof of certification must be in the form of a scanned or clearly photographed official certification. Proof of payment must be in the form of an official receipt from the certifying agency or organization offering the certification exam and must clearly reference payment for the applicant's fees.

GENERAL INFORMATION						
LAST FIRST NAME NAME		DATE OF BIRTH		MM/DD/YY		
MAILING STREET ADDRESS	CITY	ыкіп	STATE	ZIP CODE	COUNTRY	
ADDRESS						
EMAIL		PHONE				
JOB INFORMATION						
IATSE UNION MEMBER O YES O NO	NON-MEMBER WORKIN UNDER IATSE AGREEME		O YES	O NO		
IATSE LOCAL #	PRIMARY JOB CLASSIFICATION					
CERTIFICATION DETAILS						
 CTS Certification/Recertification up to \$300 SPRAT Certification/Recertification up to \$1,600 AED Certification (see website for eligibility details) MHFA (through Behind the Scenes, AFC, or MHFA.CA only) Forklift Operator (see website for eligibility details) ETCP Arena Rigger Certification/Recertification up to \$550 ETCP Theater Rigger Certification/Recertification up to \$550 ETCP Entertainment Electrician Certification/Recertification up to \$550 Mobile Elevating Work Platforms Operator (see website for eligibility details) 						
CERTIFICATION EXAMINATION DATE RECERTIFICATION EFFECTIVE DATE	CERTIFICATION O YES (ON C	RECEIPT ATTACHEI	D O YES	S O NO	
DID YOU PAY FOR THE FULL OYES ONO	EXAM COST	TOTAL REIMBURSEMENT AMOUNT REQUESTED				
SELECT REIMBURSEMENT CURRENCY O US Check O Canadian Currency Bank Transfer						
LINKEDIN LEARNING SUBSCRIPTION NEWSLETTER SUBSCRIPTION						
○ CHECK HERE FOR A FREE LINKEDIN LEARNING SUBSCRIPTION ○ CHECK HERE TO SU			IBSCRIBE TO THE TTF NEWSLETTER			
CERTIFICATION						
I certify that I paid for the certification exam for which I am seeking reimbursement. I also certify that I have not been reimbursed from any other source for the certification exam reimbursement I now request. If another source is making partial reimbursement, proof of the amount of that reimbursement is being provided from that source. I also understand the IATSE TTF will share my name, email, and other personally identifiable information on this application with the LMS manager, so they can email me my credentials.						
APPLICANT SIGNATURE		TODAY'S DATE				
These policies are subject to change at any time by the trustees. The application and/or interpretation of these policies shall at all times be subject to						

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