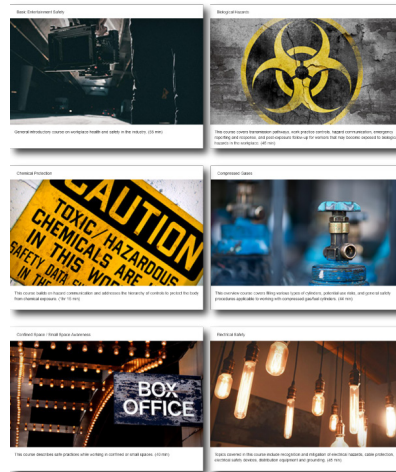




TTF Courses & Resources Learning Platform



Introducing the all-new TTF Courses & Resources Learning Platform! We've curated a library of workplace safety materials tailored to your needs. With our platform, you'll have access to:

- **OSHA Workbooks:** Available whether you're in an OSHA class or not, these workbooks include select OSHA Fact Sheets, QuickCards, Standards, Briefs, and more.
- **TTF Safety First! Online Courses:** Information, tools, and resources to help you recognize potential hazards and minimize risks. Case studies from the various crafts are included, making the curriculum relevant across the IATSE workforce.
- **Resources:** Industry-specific resources for IATSE workers, including fact sheets that focus on recognizing potential hazards in built and natural work environments.

www.iatsetrainingtrust.org/courses-resources



TTF COURSES & RESOURCES LEARNING PLATFORM APPLICATION

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. You will receive a confirmation email with your credentials once we've confirmed your eligibility for TTF benefits.

Email your application to onlinecourses@iatsetrainingtrust.org.

GENERAL INFORMATION							
LAST NAME	FIRST NAME			DATE OF BIRTH	MM/DD/YY		
MAILING ADDRESS		STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTRY	
EMAIL				PHONE			
JOB INFORMATION							
IATSE UNION MEMBER		<input type="radio"/> YES <input type="radio"/> NO		NON-MEMBER WORKING UNDER IATSE AGREEMENT		<input type="radio"/> YES <input type="radio"/> NO	
IATSE LOCAL #		PRIMARY JOB CLASSIFICATION					
LINKEDIN LEARNING SUBSCRIPTION				NEWSLETTER SUBSCRIPTION			
<input type="radio"/> CHECK HERE FOR A FREE LINKEDIN LEARNING SUBSCRIPTION				<input type="radio"/> CHECK HERE TO SUBSCRIBE TO THE TTF NEWSLETTER			
CERTIFICATION							
<p><i>I certify that the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information I have given on this form. I agree and understand that the IATSE Training Trust Fund will share my name and contact information with my local union and employer to verify my eligibility, enrollment status, and course completion. I also understand that the IATSE TTF will share my name, email address, and other personally identifiable information on this application with the LMS manager, so they can email me my credentials.</i></p>							
APPLICANT SIGNATURE				TODAY'S DATE			
<p><i>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 the discretion of the trustees, to the fullest extent permitted by law.</i></p>							
IATSE TTF USE ONLY <input type="radio"/> MPT <input type="radio"/> SLE <input type="radio"/> TS <input type="radio"/> SB <input type="radio"/> M <input type="radio"/> MM							