

# REGISTRATION FORM

FALL 2026

**Non-DOL Programs Only**

2950 East X Street  
La Porte, TX 77571  
281-478-3900

## STUDENT NAME

## COURSE REGISTRATION

Name (First, Middle Initial, Last)

1st Class Request

Level

Rep Initials

Street Address

City

State

Zip Code

( )

Cell Phone Number

Email Address

Date of Birth (MM/DD/YYYY)

**\*Social Security Number\***

NCCER #

**Gender**

☐ Female

☐ Male

**Veteran**

☐ Yes

☐ No

**Race/Ethnicity**

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ White

☐ Other \_\_\_\_\_

### Preferred Location

The class must be offered at the chosen location **ONLY** from a schedule distributed by CMEF.

CMEF

Lee

San Jacinto Central San

Jacinto North

### Textbooks

**All classes require a textbook. Textbooks can be purchased at the CMEF Main Office.**

## EMPLOYER INFORMATION

Company Name

Supervisor Name & Signature

## EMERGENCY CONTACT INFORMATION

Name (First, Last)

Relation

Phone Number

### NCCER REGISTRATION AND RELEASE

I hereby authorize NCCER and the NCCER accredited organization(s) where I receive training or testing to store, access and utilize my personal information in association with my training and/or assessment records. Further, I hereby authorize NCCER to rely upon this information to maintain my training and/or assessment records in its Registry System. I hereby release and hold harmless NCCER from any and all liability resulting from (i) its reliance on personal information I provide, or (ii) disclosing such information when required to do so by law or court order. I confirm my understanding that any and all NCCER credentials and/or certifications I receive may be revoked by NCCER at any time, with or without notice, if it is determined that the organization through which I received them has violated the NCCER Accreditation Guidelines & Program Compliance standards or any other applicable policies and procedures promulgated by NCCER. I also understand and agree that NCCER shall have no legal, financial or other liability to me for the revocation of any certification or credential, and that financial liability for any funds paid to an organization for training, testing, or other services associated with the issuance of such certifications or credentials shall rest solely with said organization.

### HOLD HARMLESS AND INDEMNITY AGREEMENT

Persons who enroll in CMEF courses acknowledge that they are physically fit and able to participate in all courses and activities. In the event of accident or injury, participants agree to release and hold CMEF and its employees, agents, and board members harmless from and against all claims for injury, loss, or damage.

### MEDIA RELEASE CONSENT

I hereby authorize the use of photos or videos that may be taken of me during training at CMEF. Such photos and/or videos may be reproduced and released for use in the media, newspapers, brochures, flyers, the Internet, and social media platforms (i.e. Facebook Instagram etc.)

### CMEF CAMPUS RULES

Any class schedule is subject to change without notice. Completion of all or part of training program does not guarantee employment. Students agree to comply with all CMEF student policies and rules and are subject to immediate dismissal from the applicable program for failure to comply

**No personal checks or cash accepted. Debit/credit cards and money orders accepted, refund policy can be found in the CMEF Catalog at [onlinecmeff.org](http://onlinecmeff.org)**

Student's Signature

Date

Parent/Guardian Signature (Required if Student is under 18) Date

### Standard Craft Training Classes

Training Contributor Level 1 - \$145

Training Contributor Level 2 - \$200

ABC Member \$595

Non ABC/TCA Member \$780

### NCCER Crane Course

TCA 1 & TCA 2- \$395

ABC Member- \$595

Non ABC/TCA- \$980

### PLEASE CHECK ONE:

#### NCCER Project Supervision

TCA 1 & TCA 2 - \$295

ABC Member \$550

Non Member \$800

#### CSST-Construction Site Safety Technician

ABC/TCA Member \$1,000

Non ABC/TCA \$1,200

#### NCCER Crew Leadership

TCA/ABC Member \$250

Non ABC/TCA \$300

**Contractor Authorized Representatives Signature:**

☐ Invoice My Company ☐ Student Must Pay

Authorized Rep Signature

Print Name

Check # \_\_\_\_\_ MO # \_\_\_\_\_

☐ CC ☐ Cash Receipt# \_\_\_\_\_ Initials \_\_\_\_\_

Total amount paid \_\_\_\_\_ Date \_\_\_\_\_

College or CMEF Representative signature \_\_\_\_\_