

# FORM 106

## APPLICATION FOR ACCREDITED TRAINING AND EDUCATION FACILITY (ATEF)

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**Who Will Use This Form:** This form will be completed by ATEF applicant.

**Directions:** The ATEF Representative should **1)** read and understand the NCCER *Accreditation Guidelines*, **2)** complete the application form, and **3)** submit form and the application fee (\$50.00) to the NCCER Accreditation Department (check made payable to NCCER). Upon receipt of this form, NCCER will contact the applicant regarding the status of the application. Contact NCCER Accreditation Department for more information. **If no ATS is listed, NCCER will facilitate placement of ATEF with ATS** (Refer to NCCER *Accreditation Guidelines* for procedure).

**All Blocks MUST Be Filled • Please Type**

ATEF Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Name/Title of ATEF Representative: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Physical Zip: \_\_\_\_\_

Name/Title of Second ATEF Contact: \_\_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Physical Zip: \_\_\_\_\_

Type of Training (Electrical, Welding, Safety, Pipeline, etc.)	Estimated # of Trainees per Year	Estimated # of Instructors

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All Information MUST Be Completed • Please Type • Use additional sheets as needed for the following questions

ATEF Name: \_\_\_\_\_

Do you have Master Trainers Certified by NCCER? \_\_\_\_\_

If yes, please list names and social security numbers. \_\_\_\_\_

\_\_\_\_\_

Do you have Craft/Technician Instructors certified by NCCER? \_\_\_\_\_

If yes, please list names and social security numbers. \_\_\_\_\_

\_\_\_\_\_

Do you have any NCCER ATS(s) in your area?  Yes  No

If yes, do you have a relationship established with the existing NCCER ATS(s)?  Yes  No

If yes, please list ATS by name. If no, please detail the reasons why a relationship has not been created.

\_\_\_\_\_

I attest that this information is true, and that the ATEF has read and agrees to abide by the conditions set forth in the NCCER *Accreditation Guidelines*.

\_\_\_\_\_  
ATEF Representative Signature

\_\_\_\_\_  
Name/Title (*type or print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Director Signature

\_\_\_\_\_  
Name/Title (*type or print*)

\_\_\_\_\_  
Date

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ATEF Name: \_\_\_\_\_

This document is intended as a checklist to assist potential ATEF in assessing their program's status. Please check (✓) the appropriate box, Yes (☐) or No (☐).

1. Yes  No  The ATEF has training goals and objectives.
2. Yes  No  There is a budgeting procedure in place for the program.
3. Yes  No  There is a procedure in place for evaluating the program.
4. Yes  No  The program has documented linkage to the construction industry.
5. Yes  No  The program has industry oversight that provides effective consultation and support including input into the program's overall planning, development, execution and evaluation. (Regularly scheduled meetings?)
6. Yes  No  Is there linkage for trainees from the program to the industry.
7. Yes  No  The program currently utilizes NCCER's *Contren*<sup>®</sup> *Learning Series* and NCCER's written and performance testing procedures.
8. Yes  No  The program currently uses instructors who are NCCER-certified.
9. Yes  No  The program currently has an NCCER-certified Master Trainer.
10. Yes  No  The program currently provides for safety training for instructors and trainees.
11. Yes  No  The program's classroom facilities provide sufficient area, seating, furnishings, and equipment including books, audio-visual, white boards, etc.
12. Yes  No  The program's laboratory facilities provide sufficient area, seating, furnishings, and equipment including tools, machines and materials to allow for both hands-on training and performance testing.
13. Yes  No  The program has sufficient first-aid, fire and safety equipment.
14. Yes  No  There is a safety program in place to provide adequate classroom, laboratory and job-site safety training for trainees and instructors.
15. Yes  No  There is an industry advisory committee in place.

**Return to:** NCCER – Accreditation Department      Phone 352-334-0911 ext. 123 • Fax 352-334-0932  
Mailing Address: P.O. Box 141104 • Gainesville FL 32614-1104  
Physical Address: 3600 NW 43<sup>rd</sup> St. • Bldg. G • Gainesville FL 32606