PIPE LAYER CERTIFICATION PROGRAM

FOR LABORERS WITH FIELD EXPERIENCE

IT'S THE LAW! The MN Department of Health now requires that at least one laborer in every trench, where work is progressing, have a pipe layer certification card if not contracted with a licensed plumber.

IN THIS CLASS YOU WILL LEARN:

- Certification Origin / History / The Decree
- Review State Plumbing Code Pertaining to Site / Off - R.O.W. / Yard Piping Projects
- Pipelaying Procedures
- Code Terminology
- Materials
- Inspection / Testing Procedures

ABC Associated Builders and Contractors, Inc.
Minnesota Chapter

CEF CONSTRUCTION EDUCATION FOUNDATION MN OF MINNESOTA

DETAILS:

April 15, 2010

8:00 a.m. - 12:00 p.m.

CLASSES WILL BE HELD AT:
MN ABC OFFICE
10193 Crosstown Circle
Eden Prairie, MN 55344

REGULARLY:
$125.00
ABC MEMBERS PAY:
$95.00

REGISTRATION

REGISTRATION IS REQUIRED FOR ABC/CEF EVENTS

To ensure a reservation at an event or program, fill out the registration form and indicate which event you'll be attending. If you run out of space on this form, please make additional copies for the remaining participants.

Be sure to indicate if you will be paying by check or credit card. (Reservations are not considered complete without payment in full.) Make checks payable to:
the CEF of Minnesota.

Payment must be received prior to the start of class. Class may be canceled due to lack of registrations. All cancellations must be made in writing One week prior to start date and are subject to a processing fee. No refunds will be given if cancellations are made after the deadline.

Most events and programs have space limitations and reservations are taken on a first-come, first serve basis. It is important to reserve early for an event or program that you wish to attend.

HOW TO REGISTER:

Mail your registration to:
CEF OF MINNESOTA
10193 CROSSTOWN CIRCLE
EDEN PRAIRIE, MN 55344

Fax your registration to:
952-941-8698

For more information, or to plan a class, call Jim Kuhn at ABC :
952-941-8693

or check us out online at:
www.mnabc.com

COMPANY NAME:

ADDRESS:

CITY STATE ZIP

PHONE: FAX:

EMAIL:

PARTICIPANT NAME	COST

PLEASE MAKE ADDITIONAL COPIES OF THIS FORM IF NEEDED.

PAYMENT INFORMATION: **TOTAL AMOUNT DUE:** $

☐ VISA/MASTERCARD NUMBER EXPIRATION DATE BILLING ZIP CODE

SIGNATURE 3 DIGIT SECURITY CODE

☐ CHECK *(MADE PAYABLE TO CEF OF MINNESOTA)*

OFFICE USE ONLY

ENTERED	CONFIRMATION	PAID	METHOD	CHECK NUMBER	BY