

Registration and Release Form

Please type or print legibly. Inaccuracies on this form may be reflected on credentials. This form is required to create your personal record in the NCCER Registry.

* Denotes required fields.



ATS/AAC Name*: _____

Name*: _____

Job Title: _____

Address*: _____

City*: _____ State*: _____ Zip*: _____

Phone*: _____ Home Number Cell Number

Email Address*: _____

Birth Date*: _____ Birth City*: _____

* You must provide **ONE** of the following numbers to be entered into the NCCER Registry System. A unique Card Number will be generated once your Registration and Release Form has been entered into the system. **Pipeline users MUST provide their SSN.**

Social Security Number: _____

NCCER Card Number: _____

State DOE Student Number: _____ Which State? _____

Dept. of Corrections Student Number: _____ Which State? _____

Driver's License Number: _____ Which State? _____

If you provide the **State DOE Student Number**, then please first contact your Sponsor Representative to ensure your state I.D. type has been added to the Registry System. NCCER must approve all new Alternate I.D. types. Please contact NCCER Customer Support if you have any questions.

Optional Information:

Company/School Name: _____

Company/School Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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.

Signature*: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Required if individual is under 18 years of age.)

NOTE: This form must be maintained on file per NCCER Accreditation Guidelines. Do not send to NCCER unless requested.