

**TRAINING TRUST PRE-AUTHORIZATION FORM (41)**

**Participant to complete parts A & B**

**PART A**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Employer \_\_\_\_\_ Site \_\_\_\_\_ Work Shift & Hours \_\_\_\_\_

Have you taken this class before?     yes             no

Eligible Participant                     yes             no

Stationary Engineer     Custodial Engineer  Other Skilled Occupation \_\_\_\_\_

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**PART B**

Training Institution \_\_\_\_\_

Public School     Private     School Seminar     Specialty Training

Class Title \_\_\_\_\_

Estimated Cost of Tuition or Class Fee @ 100% \$ \_\_\_\_\_

Estimated Cost of Materials @ 75%                    \$ \_\_\_\_\_

Estimated Travel Cost (if applicable)                    \$ \_\_\_\_\_

Class Starting Date \_\_\_\_\_ Time Starts \_\_\_\_\_ Ends \_\_\_\_\_

Class Ending Date \_\_\_\_\_ Total Class Hours \_\_\_\_\_

Circle Class Day(s): Monday Tuesday Wednesday Thursday Friday Saturday

By signing this form the applicant acknowledges a pre-determination procedure is set in motion for a benefit provision and further acknowledges receipt of the appeals procedure located on the back of this form.

Name \_\_\_\_\_ Date \_\_\_\_\_

Send Completed form to: Fax 253-351-0639 or  
Mail to:            Western Washington Stationary Engineers Training Trust  
                         Joint Apprenticeship & Training Committees  
                         18 E Street SW  
                         Auburn, WA 98001-5256