



**Associated Master Plumbers of Allegheny County**  
Plumbing Apprenticeship Program Registration Form

[www.ampacplumber.org](http://www.ampacplumber.org)

**Phone: 412-923-1023**

**Fax: 412-923-1025**

**Email: [office@ampacplumber.org](mailto:office@ampacplumber.org)**

**3128 Allendale Street**

**Pittsburgh, PA 15204**

*Please PRINT all information neatly*

**Section A: STUDENT INFORMATION**

Last Name			First Name			Middle		
Address								
City			State			Zip code		
Home Phone Number			Cell Phone Number			Email Address		
Last 4 digits of Social Security #			Date of Birth			Apprentice Card Number		
Vehicle Make and Color			License Plate #					

**Section B: EMPLOYER INFORMATION**

Company Name of Current Employer			Company Street Address of Current Employer					
City			State			Zip		
Company Phone Number			Master Plumbers Name			Master Plumber HP #		

**I am currently unemployed and want to be placed on the "Employment Needed" list**

**\*\*\*\*\*NOTE: You must be 18 years of age to enroll in the AMPAC Apprenticeship Program\*\*\*\*\***

**Section C: FOR MANAGEMENT USE ONLY**

Amount Paid _____	Date Paid _____				
Paid By: Cash _____	Personal Check _____	Company Check _____	Credit Card# _____		
	Check # _____	Check # _____	Master Card _____	Visa _____	Exp. Date _____
Entitled to 3 Hours Early Registration: YES _____ NO _____			Security code# _____	zip code (where bills are sent) _____	digit portion of address (where bills are sent) _____
Circle One: 1 <sup>st</sup> Year 2 <sup>nd</sup> Year 3 <sup>rd</sup> Year 4 <sup>th</sup> Year			Circle One: 1 <sup>st</sup> Semester 2 <sup>nd</sup> Semester		
Approved By: _____			Total School Hours: _____		