



Associated Master Plumbers of Allegheny County
Plumbing Apprenticeship Program Registration Form

www.ampacplumber.org
Phone: 412-923-1023
Fax: 412-923-1025
Email: 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 (required)		
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 #		

Act 24 P.S. 6502 and regulation 22 Pa. Code 73.42 states all payments must come directly from the Master Plumber/Sponsor

****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 _____
Security code# _____	
Entitled to 3 Hours Early Registration: YES _____ NO _____	
Circle One: 1 st Year 2 nd Year 3 rd Year 4 th Year Circle One: 1 st Semester 2 nd Semester	
Approved By: _____	Total School Hours: _____