



# Registration and Release Form

**Important:** Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant, or instructor transcripts, training, and assessment records. All fields are required.

ATS/AAC Name: \_\_\_\_\_

I am a(n) (check one):     Trainee                       Participant                       Instructor                       Performance Evaluator

Name: \_\_\_\_\_

SS#/NCCER Card #: \_\_\_\_\_ (numbers other than SS# must be obtained from the Registry Department)

Job Title (if applicable)\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone\*: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*(Required fields for individuals over 18 years of age, optional fields for individuals under 18 years of age.)

Company/School Name: \_\_\_\_\_

Company/School Address: \_\_\_\_\_

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

Phone\*: \_\_\_\_\_ Fax\*: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

\*(Optional)

I hereby authorize the NCCER Registry Department to verify information in my training records to Sponsor Representative/ Primary Administrator upon request. I release and hold harmless NCCER for this verification process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

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

**NOTE:** To be entered in NCCER's Automated National Registry, you must complete and sign this Registration and Release form. This form must either be forwarded by your ATS/AAC to NCCER's Registry Department, or the ATS/AAC may choose to maintain the Registration and Release forms locally and provide the Registry Department with a blanket release form letter. This letter must include the signature of the Sponsor Representative/Primary Administrator or other authorized officer of the ATS/AAC.

Reports containing trainee/participant information, including score sheets, training prescriptions, and transcripts, should **NOT** be distributed without properly documented release information from the trainee/participant.

Mail / fax to: NCCER - Registry Department  
13614 Progress Boulevard • Alachua, FL 32615  
P 888.622.3720 ext. 6914/6916/6917/6918 • F 386.518.6255