



## Application for Accredited Training and Education Facility (ATEF)

**Actions:** The ATEF Representative should **1)** read and understand the NCCER *ATEF Guidelines*, **2)** complete the application form, and **3)** submit form and the application fee (\$50.00) to the NCCER Accreditation Department (check made payable to NCCER). Upon receipt of this form, NCCER will contact the applicant regarding the status of the application. Contact NCCER Accreditation Department for more information. **If no ATS is listed, NCCER will facilitate placement of ATEF with ATS** (Refer to NCCER *Accreditation Guidelines & Program Compliance* for procedure).

**All Blocks MUST Be Filled • Please Type**

**ATEF Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Type of Organization: \_\_\_\_\_

**ATEF Representative:** \_\_\_\_\_  
Name Title Social Security Number

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Physical Address:  Same as above \_\_\_\_\_ Physical Zip: \_\_\_\_\_

**2nd ATEF Contact:** \_\_\_\_\_  
Name Title Social Security Number

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Physical Address:  Same as above \_\_\_\_\_ Physical Zip: \_\_\_\_\_

Type of Training (Core, Electrical, Welding, Safety, etc.)	Estimated # of Trainees per Year	Estimated # of Instructors

# Form 106 continued

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All Information MUST be Completed • Please Type • Use additional sheets as needed for the following questions

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

Do you have Master Trainers Certified by NCCER? \_\_\_\_\_

If yes, please list names and social security numbers.

Do you have Craft/Technician Instructors certified by NCCER? \_\_\_\_\_

If yes, please list names and social security numbers.

Do you have any NCCER ATS(s) in your area?     Yes     No

If yes, do you have a relationship established with the existing NCCER ATS(s)?     Yes     No

If yes, please list ATS by name. If no, please detail the reasons why a relationship has not been created.

I attest that this information is true, and that the ATEF has read and agrees to abide by the conditions set forth in the NCCER *Accreditation Guidelines & Program Compliance*.

\_\_\_\_\_  
ATEF Representative Signature

\_\_\_\_\_  
Name/Title/SS# or NCCER Card # ( *type or print* )

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal or Director Signature

\_\_\_\_\_  
Name/Title/SS# or NCCER Card # ( *type or print* )

\_\_\_\_\_  
Date

# Form 106 continued

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**ATEF Name:** \_\_\_\_\_

This document is intended as a checklist to assist potential ATEF in assessing their program's status. Please check (✓) the appropriate box, Yes (☐) or No (☐).

1.  Yes  No The ATEF has training goals and objectives.
2.  Yes  No There is a budgeting procedure in place for the program.
3.  Yes  No There is a procedure in place for evaluating the program.
4.  Yes  No The program has documented linkage to the construction industry.
5.  Yes  No The program has industry oversight that provides effective consultation and support including input into the program's overall planning, development, execution and evaluation. (Regularly scheduled meetings?)
6.  Yes  No Is there linkage for trainees from the program to the industry.
7.  Yes  No The program currently utilizes or will be utilizing NCCER's *Curriculum* and NCCER's written and performance testing procedures.
8.  Yes  No The program currently uses instructors who are NCCER certified.
9.  Yes  No The program currently has an NCCER certified Master Trainer.
10.  Yes  No The program currently provides for safety training for instructors and trainees.
11.  Yes  No The program's classroom facilities provide sufficient area, seating, furnishings, and equipment including books, audio-visual, white boards, etc.
12.  Yes  No The program's laboratory facilities provide sufficient area, seating, furnishings, and equipment including tools, machines and materials to allow for both hands-on training and performance testing.
13.  Yes  No The program has sufficient first-aid, fire and safety equipment.
14.  Yes  No There is a safety program in place to provide adequate classroom, laboratory and job-site safety training for trainees and instructors.
15.  Yes  No There is an industry advisory committee in place.

**Return to:** NCCER - Accreditation Department  
13614 Progress Boulevard • Alachua, FL 32615  
P 888.622.3720 • F 386.518.6303 • Email: [accredit@nccer.org](mailto:accredit@nccer.org)