

**CERTIFIED JOURNEYMAN PROGRAM
REQUEST FOR COURSE APPROVAL**

1. Journeyman name: _____ Contractor: _____
Address: _____ E-Mail: _____
City, State, Zip: _____ Phone#: _____

2. Course: _____

3. Course date & time: _____

4. Course location: _____

5. Course instructors & credentials: _____

6. Course agenda or outline: _____

****Please submit this application to the Certified Journeyman Training Committee prior to commencement of this course.***

CJP Course Approved: _____

Date: _____

****Please submit a Certificate of Completion or equivalent to the Certified Journeyman Training Committee, attention Gerald Arnold, 30 days after course completion for credit. If Completion Certificate is not received within 30 days, no credit will be allowed.***

CJP Course Completion Approved: _____

Date: _____

**Return to: Denver Pipefitter JATC
6350 Broadway
Denver, CO 80216
Fax #: (303) 428-3098**