

HEAVY CONSTRUCTION CONTRACTORS ASSOCIATION

"We Dig Virginia"

8424 Quarry Road Manassas, VA 20110
(703) 392-7410 Fax: (703) 392-7249

HCCA Training Registration Form

Check the class in which you wish to be registered

<input type="checkbox"/> ATSSA Flagger Instructor Training <input type="checkbox"/> ATSSA Flagging (Maryland – Spanish) <input type="checkbox"/> ATSSA Traffic Control Supervisor <input type="checkbox"/> ATSSA Traffic Control Technician <input type="checkbox"/> COSS <input type="checkbox"/> Confined Space <input type="checkbox"/> Confined Space (Spanish) <input type="checkbox"/> Confined Space/Fall Protection <input type="checkbox"/> First Aid/CPR <input type="checkbox"/> First Aid/CPR (Spanish) <input type="checkbox"/> Fork Lift Operator <input type="checkbox"/> Fall Protection <input type="checkbox"/> Incident Investigation <input type="checkbox"/> Lift Truck Train-the-Trainer <input type="checkbox"/> OSHA-10 <input type="checkbox"/> OSHA-10 (Spanish) <input type="checkbox"/> OSHA-30 <input type="checkbox"/> OSHA-30 (Spanish)	<input type="checkbox"/> OSHA-500 Construction Industry <input type="checkbox"/> OSHA-501 General Industry <input type="checkbox"/> OSHA-502 Refresher <input type="checkbox"/> OSHA-510 Construction Industry <input type="checkbox"/> OSHA-511 General Industry <input type="checkbox"/> Reasonable Suspicion <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Rigger I/Signalman <input type="checkbox"/> Safety Inspections <input type="checkbox"/> Safe Supervisor <input type="checkbox"/> Trenching and Excavation <input type="checkbox"/> Trenching and Excavation (Spanish) <input type="checkbox"/> VDOT Work Zone Advanced <input type="checkbox"/> VDOT Work Zone Basic <input type="checkbox"/> VDOT Work Zone Basic (Spanish) <input type="checkbox"/> VDOT Work Zone Intermediate <input type="checkbox"/> VDOT Work Zone Intermediate (Spanish) <input type="checkbox"/> _____
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Please fax completed registration form to the HCCA office at (703) 392-7249

Company Name: _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

1st Registrant: _____ Class Date: _____

2nd Registrant: _____ Class Date: _____

3rd Registrant: _____ Class Date: _____

4th Registrant: _____ Class Date: _____

Check Enclosed: _____ HCCA Members: Bill me _____

Please charge my credit card \$ _____

Credit card Number _____ Expiration _____ Security Code _____

Note: There will be a 4% service charge added to all credit card transactions.
Questions? Please Call Ms. Janice McIlvoy, HCCA Office Manager at (703) 392-7410