

# I. A.T.S.E. OFFICER INSTITUTE APPLICATION 2025 - 2026

Applications must be submitted to the I.A.T.S.E. Education Department at least 3 weeks prior to the beginning of the 5-day course.

**PARTICIPANTS ARE REQUIRED TO ATTEND ALL CLASSES TO GRADUATE AND TO RECEIVE THEIR DIPLOMA.**

**PLEASE PRINT LEGIBLY**

1. APPLICANT				
LAST NAME		FIRST NAME		MIDDLE INITIAL
NAME AS YOU WISH IT TO APPEAR ON DIPLOMA, if different from above:			<b>JACKET SIZE (Circle One)</b>  Women's    S    M    L    XL    2XL  Men's M    L    XL    2XL    3XL    4XL    5XL	
NAME AS YOU WISH IT TO APPEAR ON NAME BADGE/TABLE TENT:				
STREET ADDRESS			HOME PHONE _____-_____-_____	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	WORK PHONE: _____-_____-_____	
EMAIL ADDRESS (please print)			CELL PHONE _____-_____-_____	
2. IATSE OFFICER INSTITUTE (CHOOSE ONE) ALL SESSIONS OPEN TO BOTH U.S. AND CANADIAN LOCALS				
<input type="checkbox"/> ST. LOUIS, MO OCTOBER 6 - 10, 2025	<input type="checkbox"/> ORLANDO, FL MARCH 2 - 6, 2026	<input type="checkbox"/> CALGARY, ALBERTA APRIL 13 - 17, 2026	<input type="checkbox"/> DENVER, CO OCTOBER 19 - 23, 2026	
3. LOCAL UNION INFORMATION				
LOCAL NUMBER	LOCAL UNION CITY/ STATE	POSITION AT LOCAL	HOW LONG IN CURRENT OFFICE	
OTHER UNION POSITIONS PREVIOUSLY HELD:				
4. APPLICANT SIGNATURE				
I certify that all the information on this form is true and complete to the best of my knowledge. I agree that the I.A.T.S.E. can share my name with its General Executive Board and with any local union. I consent to the use by I.A.T.S.E. of my name or likeness to promote or publicize the I.A.T.S.E. (whether in print or electronic form or otherwise). I hereby release I.A.T.S.E. from any and all liability for using my name or likeness and waive all claims against I.A.T.S.E. arising from the use of such information. I also hereby grant a license to I.A.T.S.E. to use my name or likeness and expressly disclaim all rights to all value and benefit(s) I.A.T.S.E. may gain through the use of such information.				
SIGNED			DATE	
5. AUTHORIZATION FROM THE LOCAL UNION EXECUTIVE BOARD				
I certify that I.A.T.S.E. LOCAL _____ endorses the enrollment of the above named applicant in the I.A.T.S.E. Officer Institute.				
SIGNED			DATE	
TITLE	EMAIL			
FOR I.A.T.S.E. EDUCATION DEPARTMENT USE				
APPLICATION RECEIVED	STATUS AND NOTIFICATION		INITIALS	

**Return Completed Application via Email or Mail to:**

**I.A.T.S.E. Officer Institute, 207 West 25th Street, Fourth Floor, New York, NY 10001**

**Email: [officerinstitute@iatse.net](mailto:officerinstitute@iatse.net)**

**Facebook: @iatse Twitter: @iatse**