



313 Warwick Ave, Cranston, RI 02905 • rimpa.org

Pipefitting Apprentice School Registration 2018-2019 1st Semester

PLEASE PRINT CLEARLY
STUDENT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address**required for school communications* _____

Apprentice License # _____ Date Issued _____

Years of Pipefitting School Completed _____

Pipefitting School Attended _____ Hours _____

Signature _____

Date _____

EMPLOYER INFORMATION

Company _____

Address _____

City _____ State _____ Zip _____

Master Pipefitter _____ Lic # _____

Member RIMPA YES _____ NO _____ APPLIED FOR _____

PAYMENT (RIMPA USE ONLY)

Date _____ Amount _____ Received By _____