

**NCSRCC MEMBER INFORMATION EXCHANGE AUTOMATED LINE 855-456-2141.**

**Calls and text messages from Mix 2020 will come from 651-240-2140.**



North Central States Regional Council of Carpenters

**FLOOR COVERER SKILL SHEET**

Dispatch Office: 1-855-987-2020 Email: skills@ncsrcc.org

Send to: Dispatch, NCSRCC, 10761 Virginia Plaza, Suite 100, Papillion, NE 68128

**PLEASE PRINT LEGIBLY!**

Name \_\_\_\_\_ UBC ID# \_\_\_\_\_ UBC Local # \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Please include area code) Cell [ ] YES [ ] NO

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

Email \_\_\_\_\_ Are you a veteran? [ ] YES [ ] NO

Ethnicity: [ ] Asian [ ] Hispanic [ ] Caucasian [ ] African-American  
[ ] Native American [ ] Other \_\_\_\_\_

**YOU HAVE EXPERIENCE TO ACCEPT WORK IN THE FOLLOWING:**

(Mark with a check ✓ below.)

- |  |   |
|--|---|
| <input type="checkbox"/> Bilingual - Spanish (SPANISH) | <input type="checkbox"/> Heat Weld (HEATWLD)                      |
| <input type="checkbox"/> Carpet Installation (CARPET)  | <input type="checkbox"/> Resilient Floor Installation (RESILIENT) |
| <input type="checkbox"/> Flash Cove (FLSHCV)           | <input type="checkbox"/> Stretch Carpet (STRETCH)                 |
| <input type="checkbox"/> Floor Preparation (FLRPREP)   | <input type="checkbox"/> VCT (VCT)                                |
| <input type="checkbox"/> Forbo Certified (FORBO)       | <input type="checkbox"/> Wood Floor Installation (WDFLR)          |
| <input type="checkbox"/> Foreman (COMFOR)              |   |

**YOU ARE TRAINED/CERTIFIED IN THE FOLLOWING:**

(Mark with a check ✓ below.)

- |   |  |
|---|--|
| <input type="checkbox"/> Fall protection (FALLP)          | <input type="checkbox"/> INSTALL Carpet Cert (INSTALLC)      |
| <input type="checkbox"/> First Aid/CPR (FIRSTAID)         | <input type="checkbox"/> INSTALL Resilient Cert (INSTALLR)   |
| <input type="checkbox"/> Mohawk Master Craftsman (MOHAWK) | <input type="checkbox"/> INSTALL Floor Prep Cert (INSTALLFP) |
| <input type="checkbox"/> Pro 10 (PRO10)                   |  |

The following qualifications/certifications **ARE AUTOMATICALLY UPDATED** through the **TRAIN** educational system. Please make sure your records are up-to-date.

- |   |                    |
|---|--------------------|
| Aerial Lift (AERLIFT)                   | ICRA 24 (BPHEALTH) |
| Confined Space (CONFINED)               | OSHA 10 (OSHA10)   |
| Construction Fall Protection (CONSFALL) | OSHA 30 (OSHA30)   |
| Forklift - Industrial (PITOIND)         |                    |
| Forklift - Rough Terrain (PITORT)       |                    |

**Check ✓ your  
PRIMARY work area.**

**Check ONLY ONE:**

Refer to the enclosed area map.

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Area 24 | <input type="checkbox"/> Area 35 |
| <input type="checkbox"/> Area 25 | <input type="checkbox"/> Area 36 |
| <input type="checkbox"/> Area 26 | <input type="checkbox"/> Area 37 |
| <input type="checkbox"/> Area 27 | <input type="checkbox"/> Area 38 |
| <input type="checkbox"/> Area 28 | <input type="checkbox"/> Area 39 |
| <input type="checkbox"/> Area 29 | <input type="checkbox"/> Area 40 |
| <input type="checkbox"/> Area 30 | <input type="checkbox"/> Area 41 |
| <input type="checkbox"/> Area 31 | <input type="checkbox"/> Area 42 |
| <input type="checkbox"/> Area 32 | <input type="checkbox"/> Area 43 |
| <input type="checkbox"/> Area 33 | <input type="checkbox"/> Area 44 |
| <input type="checkbox"/> Area 34 |                                  |

**Check ✓ any other areas  
where you are willing  
to work.**

**Check as many as apply.**  
Refer to the enclosed area map.

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Area 24 | <input type="checkbox"/> Area 35 |
| <input type="checkbox"/> Area 25 | <input type="checkbox"/> Area 36 |
| <input type="checkbox"/> Area 26 | <input type="checkbox"/> Area 37 |
| <input type="checkbox"/> Area 27 | <input type="checkbox"/> Area 38 |
| <input type="checkbox"/> Area 28 | <input type="checkbox"/> Area 39 |
| <input type="checkbox"/> Area 29 | <input type="checkbox"/> Area 40 |
| <input type="checkbox"/> Area 30 | <input type="checkbox"/> Area 41 |
| <input type="checkbox"/> Area 31 | <input type="checkbox"/> Area 42 |
| <input type="checkbox"/> Area 32 | <input type="checkbox"/> Area 43 |
| <input type="checkbox"/> Area 33 | <input type="checkbox"/> Area 44 |
| <input type="checkbox"/> Area 34 |                                  |

**To update an existing skill sheet, email skills@ncsrcc.org Please include the changes, additions or deletions to be made along with your Member ID #, Local #, first and last name. Skills will not be removed unless specifically directed to do so.**

By signing below I, \_\_\_\_\_ (print name), consent to be contacted via telephone, email, cell phone or text message by the United Brotherhood of Carpenters and Joiners of America and its affiliates, including by auto-dialed or pre-recorded calls. (Please note message and data rates may apply.) I agree that this authorization is in effect until I provide written revocation to NCSRCC, 700 Olive Street, Saint Paul, MN 55130. In addition, I declare that the above skills information is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Filling out and submitting a skill sheet does not automatically place you on the Out of Work List.**

**Please call the MEMBER INFORMATION EXCHANGE AUTOMATED LINE at 1-855-456-2141, and follow the prompts to place yourself on the Out of Work List.**

# FLOORCOVERERS

