

Southeast Lineman Training Center

CRANE OPERATOR PROGRAM



ENROLLMENT PACKAGE

SLTC ENROLLMENT CHECKLIST



Please follow the steps below.

1

Complete &
Sign All
Documentation

<input type="checkbox"/>	1a Enrollment Agreement
<input type="checkbox"/>	1b Release and Waiver of Liability and Indemnity Agreement
<input type="checkbox"/>	1c Student Consent for Access to Education Records
<input type="checkbox"/>	1d Transferability of Credit Form
<input type="checkbox"/>	1e Medical Coverage Release Form
<input type="checkbox"/>	1f Medical Release Form

2

Enclose The
Following
Documentation

<input type="checkbox"/>	2a Medical Examination Report and Certificate (DOT Physical)
<input type="checkbox"/>	2b High School Transcripts or GED Transcripts
<input type="checkbox"/>	2c Copy of Your Social Security Card and Valid Driver's License

3

Upload Completed
Enrollment
Package

Upload Your Completed Enrollment Package
to lineworker.com/enroll-crane
Include All Required Documents
OR
Email Your Application to
laronica.forester@lineworker.com

1a

CRANE OPERATOR PROGRAM ENROLLMENT AGREEMENT



PERSONAL

INFORMATION

Please complete the form carefully.

ENROLLING FOR TERM:

- 2026 FEB 2 - 6
 2026 APR 27 - MAY 1
 2026 JUNE 15 - 19
 2026 AUG 24 - 28
 2026 SEPT 28 - OCT 2

NAME:		DATE:
SOCIAL SECURITY #:		DATE OF BIRTH:
AGE:	HEIGHT:	WEIGHT:
PERMANENT MAILING ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	
EMAIL:		
EMERGENCY CONTACT:		EMERGENCY CONTACT PHONE:

ARE YOU A VETERAN? YES NO

ARE YOU ELIGIBLE FOR ASSISTANCE THROUGH THE GI BILL®? YES NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? YES NO

IF YES, PLEASE EXPLAIN:

RACE/ETHNICITY: AFRICAN AMERICAN AMERICAN INDIAN PACIFIC ISLANDER

ASIAN CAUCASIAN HISPANIC

OTHER

EDUCATION

Tell us a little about your educational background.

NAME OF HIGH SCHOOL YOU ATTENDED:	
HIGH SCHOOL CITY:	STATE:
WILL YOU/ DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE GRADUATED:
IF NO, DO YOU HOLD A GED ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
VOCATIONAL SCHOOL: DATES ATTENDED:	CERTIFICATE IN:
UNDERGRADUATE COLLEGE: DATES ATTENDED:	DEGREE/ MAJOR:
GRADUATE COLLEGE: DATES ATTENDED:	DEGREE/ MAJOR:

PLEASE LIST ANY HONORS, AWARDS OR RECOGNITION YOU HAVE RECEIVED OR ACTIVITIES YOU HAVE PARTICIPATED IN HIGH SCHOOL OR AFTER:

ADDITIONAL INFORMATION

ARE YOU WILLING TO RELOCATE OUTSIDE YOUR STATE TO FIND EMPLOYMENT? YES NO

WHAT MADE YOU DECIDE TO ENTER THIS TRADE?	
DO YOU KNOW SOMEONE WHO WORKS IN THE TRADE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS YOUR RELATIONSHIP TO THEM?
HOW DID YOU HEAR ABOUT SLTC?	<input type="checkbox"/> SLTC GRADUATE <input type="checkbox"/> WEBSITE <input type="checkbox"/> HIGH SCHOOL COUNSELOR <input type="checkbox"/> WIA/ UNEMPLOYMENT OFFICE <input type="checkbox"/> FRIEND OR FAMILY MEMBER <input type="checkbox"/> OTHER _____

SHIRT SIZE:

COST BREAKDOWN

TOTAL COST: \$1,780*

TUITION \$1,780	PERSONAL PROTECTIVE EQUIPMENT IS REQUIRED AND AVAILABLE FOR PURCHASE AT AN ADDITIONAL FEE
STUDENT FUNDING: (CHECK ALL THAT APPLY)	
<input type="checkbox"/> PERSONAL (CREDIT CARD, CHECK, ETC.)	<input type="checkbox"/> SALLIE MAE <input type="checkbox"/> WIOA/TAA <input type="checkbox"/> VA (GI BILL)®

1a CRANE OPERATOR PROGRAM ENROLLMENT AGREEMENT

- 1. Length of Program: The Crane Operator Program is 35 hours in length. (1 week)
2. Upon Successful Completion, you will earn a Certificate of Completion.
3. Full Tuition for this training program is \$1,780.
4. Payment of tuition is due in full 45 days prior to the first day of school. SLTC will accept cash, checks, credit card, and money orders for tuition.
5. Class schedule: Start and Completion dates - 2/2/26-2/6/25 4/27/26-5/1/26 6/15/25-6/19/26 8/24/26-8/28/26 9/28/26-10/2/26
6. Classes will convene Monday through Friday: 8 am to 4:00 pm (1 hour for lunch). Enrollment into this program is considered FULL TIME and can not accommodate any part time student.
7. To be accepted into this program you must have a high school diploma or GED Certificate, you must be at least 18 years of age by beginning date of enrollment, you must have a current valid driver's license and be able to successfully pass a DOT physical.
8. You are deterred from enrolling in this program if you are in poor physical condition (overweight, back problems, knee/ joint problems, physical handicaps, etc.), OR cannot lift 75 pounds from the ground to waist height or in an elevated position. Age is not typically a factor provided the individual is in excellent physical condition.
9. Grounds for termination: Students are subject to termination when they have any absences, fail to maintain a "C" letter" grade (70%) in each class, fail to successfully complete all field competencies, violate school-student conduct policy, or fail to meet all financial obligations.
10. How to cancel or voluntarily terminate (Procedure for cancellation/termination by student): If a student chooses to terminate training, the student must notify the Director in writing either by hand delivery or by mail. The student will then be subject to the school's refund policy. If the student fails to notify the Director of termination, the official termination date will be when the student has 6 absences.
11. SLTC Refund Policy: An applicant/student may cancel his/her enrollment before registration. After signing the enrollment agreement, applicants who cancel prior to start date will receive a full refund of all monies paid to SLTC (tuition/tools/etc.).
12. SLTC Does not guarantee graduates of this program employment. It is the policy of Southeast Lineman Training Center to aid in the search and acquisition of employment for all graduates equally.
13. SLTC is a drug-free training institution. It reserves the right to drug test any student(s) at any time, with or without cause. Student's refusal to participate, or a positive test, will result in immediate expulsion from SLTC.
14. SLTC REQUIRES students to have health insurance. There are risks involved and poor physical condition, or a pre-existing injury, will increase your chance of injury. Training related injuries will not be covered by SLTC.
15. It is the student's responsibility to determine that their physical, mental, emotional, and health conditions are such that they can safely participate in the program.

PRE-ENROLLMENT CHECKLIST

- ✓ Student was given the opportunity to tour Southeast Lineman Training Center (All students are toured on orientation day)
✓ Student received a course catalog
✓ Student was given the time and opportunity to review the institutional program policies
✓ Student was given time to review all cost associated with the training
✓ Student was given the time and opportunity to review the institutional cancellation and refund policy
✓ Student has been informed that any grievances not resolved on the institutional level may be forwarded to the Georgia Nonpublic Postsecondary Education Commission and should visit http://www.gnpec.georgia.gov or Tennessee students should contact the Tennessee Higher Education Commission at (615) 741-5293.

Pre-Enrollment Checklist has been completed (please initial)

In addition to the catalog this enrollment agreement is a binding agreement upon the acceptance of this agreement by the school I, the undersigned, have recieved a copy, read and accept the conditions of this enrollment agreement.

*As of 4/10/21 there is no data in regards to withdrawal, completion, or job placement.

STUDENT SIGNATURE

PRINT NAME

DATE

SIGNATURE OF SCHOOL OFFICIAL

DATE

1b RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT (“RELEASE”)



For good and valuable consideration, including being permitted to enter the Southeast Lineman Training Center’s (sometimes SLTC) premises for any purpose, including, but not limited to the participating in the Crane Operator Program (COP), use of facilities or equipment or participation in any way, the undersigned hereby acknowledges, agrees and represents that he or she had the opportunity to inspect such premises and facilities. Undersigned further warrants that such entry to Southeast Lineman Training Center premises for training, participation or use of any facilities or equipment constitutes my acknowledgment that such premises and all facilities and equipment thereon have been inspected and that the undersigned finds and accepts and suited for the purpose of such use.

In further consideration of being permitted to enter the Southeast Lineman Training Center premises for any purpose including, but not limited to training, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

The Undersigned and on behalf of my heirs, assigns, personal representative and/or next of kin, hereby releases, waives, discharges and covenants not to hold liable or sue Southeast Lineman Training Center, their owners, agents, affiliates, or employees (hereinafter referred to as 'releasees') from any and all liability to the undersigned for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in, upon, or about the premises or any facilities or equipment, therein.

The Undersigned hereby agrees to indemnify, save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Southeast Lineman Training Center premises or in any way associated with training, observing or using any facilities or equipment of Southeast Lineman Training Center whether caused by the negligence of the releasees or otherwise.

The Undersigned hereby assumes full responsibility for the risk of bodily injury, death or property damage caused by or arising from to the negligence of releasees or otherwise while in, about or upon the premises of Southeast Lineman Training Center and/or while using the premises or any facilities or equipment hereon.

The Undersigned hereby attests that he/she is in acceptable health and physical condition to utilize the facilities and/or classes offered at Southeast Lineman Training Center.

The Undersigned hereby acknowledges that the Southeast Lineman Training Center highly recommends for any participants in the Crane Operator Program to obtain adequate health insurance prior to beginning such training. The Undersigned understands by signing this document that should the undersigned forego the recommendations of the Southeast Lineman Training Center regarding obtaining health insurance, that the undersigned will be fully responsible for any and all medical bills associated with any injuries or conditions incurred while on the Southeast Lineman Training Center premises and defend, indemnify and hold Southeast Lineman Training Center harmless from such injuries or conditions.

The Undersigned further expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Georgia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned has read and voluntarily Signs the Release and Waiver of Liability and Indemnity Agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. I Have Read This Release and I understand that SLTC is relying upon it to allow me to participate in the COP and to use SLTC’s facilities and equipment. Given under my hand and seal on the date written below.

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT

DATE

AGREEMENT TO BINDING ARBITRATION AND WAIVER OF JURY TRIAL

In the event of any dispute of any nature between the parties including, without limitation, one that arises from this Release, and at the sole election of SLTC, such dispute shall be resolved by binding arbitration in accordance with the rules for arbitration of the American Arbitration Association in effect at the time such arbitration is initiated, and subject further to the provisions of the Georgia Arbitration Code, incorporated herein by reference. The hearing locale will be Dade County, Georgia where the Southeast Lineman Training Center is located. Pre- Hearing discovery will be limited to one (1) document inspection request and no more than two (2) 4-hour depositions by each party. Both parties agree that the arbitration hearing will be scheduled to start and conclude on consecutive hearing days. Until a decision is made by the arbitrator, each party shall be responsible for its share of the arbitration fees in accordance with the applicable Rules of Arbitration. The decision of the arbitrator shall be final and binding upon all Parties.

The prevailing party shall be awarded reimbursement of all the filing fees and related administrative cost, administrative and other costs of enforcing an arbitration award, including the costs of subpoenas, depositions, transcripts, and the like, witness fees, payment of reasonable attorney’s fees, and similar cost related to enforcing and collecting an arbitrator’s award, will be added to, and become a part of, the amount due pursuant to the Agreement.

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT

DATE

1c STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS



Name of Student (Last, First, Middle Initial)	Student ID (Last 4 of SS Number)	Date
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes Southeast Lineman Training Center, LLC ("SLTC") to release education records to third parties, it does not obligate SLTC to do so. SLTC reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Dept. of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Education Records include, but are not limited to, academic, disciplinary, financial aid, health, student account, and other information directly related to a student's enrollment at Southeast Lineman Training Center.			
Check One and Sign Below:			
<input type="checkbox"/> I <u>authorize</u> SLTC officials to release my education record to the individuals specified below, including disclosing information or providing copies of documents contained in my education record as defined above. I understand that this release remains in effect until I revoke such consent in writing and the revocation is delivered to SLTC. I also acknowledge that any new FERPA Release Forms completed and submitted by me will make all other FERPA Forms I have previously submitted null and void.			
<input type="checkbox"/> I <u>authorize</u> SLTC officials to release my education records to any potential employer that requests them, including disclosing information or providing copies of documents contained in my education record as defined above. I understand that this release remains in effect until I revoke such consent in writing and the revocation is delivered to SLTC. I also acknowledge that any new FERPA Release Forms completed and submitted by me will make all other FERPA Forms I have previously submitted null and void.			
<input type="checkbox"/> I DO NOT authorize SLTC to disclose any portion of my education record to any party other than myself. I understand that individuals to whom I am a dependent for IRS purposes may request my education records and be granted access without my release upon providing the appropriate documentation to College officials.			
Person 1	Relationship to Student	Cell Phone #	
Person 2	Relationship to Student	Cell Phone #	
Student Signature	Date	Signature of Parent or Guardian (if under 18)	Date

Instructions for completeing this form:

- 1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.**
2. Completed forms should be submitted to lineworker.com/enroll-crane. Questions about this form may be directed to the Admissions Office at (706) 657-3792.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

1d TRANSFERABILITY OF CREDIT



Credits earned at Southeast Lineman Training Center may not transfer to another educational institution. Credits earned at another educational institution may not be accepted by Southeast Lineman Training Center. You should obtain confirmation that Southeast Lineman Training Center will accept any credits you have earned at another educational institution before you execute an enrollment contract or agreement. You should also contact any educational institutions that you may want to transfer credits earned at Southeast Lineman Training Center to determine if such institutions will accept credits earned at Southeast Lineman Training Center prior to executing an enrollment contract or agreement. The ability to transfer credits from Southeast Lineman Training Center to another educational institution may be very limited. Your credits may not transfer and you may have to repeat courses previously taken at Southeast Lineman Training Center if you enroll in another educational institution. You should never assume that credits will transfer to or from any educational institution. It is highly recommended and you are advised to make certain that you know the transfer of credit policy of Southeast Lineman Training Center and of any other educational institutions you may in the future want to transfer the credits earned at Southeast Lineman Training Center before you execute an enrollment contract or agreement.

VA & Eligible Persons: SLTC evaluates all transcripts from previous education and training. However, SLTC cannot guarantee acceptance of any credits towards its certificate programs.

I, the undersigned, have received a copy, read and accept the conditions of this Transferability of credit disclosure form.

STUDENT SIGNATURE

DATE

1e APPLICANT'S MEDICAL COVERAGE RELEASE



Southeast Lineman Training Center requires that all students enrolled in their programs possess medical coverage during the entire term for which they are enrolled. Proof of medical coverage is not required to be submitted with this application, but will be required in the form of a valid certificate of medical coverage prior to the start of the term for which the student is applying.

I, _____ PRINT FULL NAME _____, understand that I am responsible for providing my own medical coverage while attending Southeast Lineman Training Center. I further understand that if I injure myself at any time during the course of my training, Southeast Lineman Training Center will not cover any associated expenses.

STUDENT SIGNATURE

DATE

If you do not currently have medical coverage, contact a medical coverage provider and ask about short term medical coverage programs. If you would like additional information, please contact a school administrator or visit our website.

BELOW FOR DOCTOR USE ONLY (*Bring with you to your DOT physical*)

1f MEDICAL RELEASE*

NOTE: Proof of passing a physical must be submitted along with your application to Southeast Lineman Training Center. Physicals must be dated within one year prior to the first day of the class in which the student is enrolling.

NAME OF APPLICANT

The above mentioned person is applying for enrollment with Southeast Lineman Training Center. The list below represents the physical requirements for a potential student entering our training programs. Prior to enrolling, the applicant must have been given a physical by a licensed, medical doctor or nurse practitioner ensuring that the potential student can safely meet the requirements set forth.

PHYSICAL REQUIREMENTS

In my professional opinion, nothing restricts the above listed person the ability to perform the duties listed below:

- Obtain a DOT Medical Examiner's Certificate
- Lift and carry up to 75 pounds
- Operate tools, equipment, vehicles, and machinery safely
- Climb poles, structures, and ladders; to climb on and off trucks and other equipment, and work in elevated positions
- Adequately see and hear in order to work safely in this type of environment
- Display physical strength and agility necessary to perform heavy manual labor
- Perform work activities involving combinations of walking, kneeling, pushing, pulling, climbing, bending, lifting, carrying, and standing for extended periods of time.
- Perform work activities in all types of weather conditions (extreme heat and cold)
- Pass a standard color vision test.

PLEASE ATTACH
MEDICAL PROVIDER'S
OFFICE CARD HERE.

PHYSICIAN'S OR NURSE PRACTITIONER'S SIGNATURE

DATE

*Must be completed in addition to DOT Physical

2a MEDICAL EXAMINATION REPORT AND CERTIFICATE (DOT PHYSICAL)



Please follow the steps listed below.

**STEP 1:
FIND A CERTIFIED
MEDICAL EXAMINER**

Visit nationalregistry.fmcsa.dot.gov. Here you will find a certified medical examiner to complete the documents listed below.

**STEP 2:
PRINT “MEDICAL
EXAMINATION REPORT
FOR COMMERCIAL
DRIVER FITNESS
DETERMINATION”**

Visit www.fmcsa.dot.gov. Under the “**Regulations**” tab on the home page, then click on the link labeled “**Medical**” in the second column. Once the “**Medical**” page loads, locate and click on the document labeled “*Medical Examination Report (MER) Form, MCSA-5875.*” Print the document and have your medical examiner complete. Send the completed document with your enrollment package.

**STEP 3:
PRINT “MEDICAL
EXAMINERS
CERTIFICATE”**

Visit www.fmcsa.dot.gov. Under the “**Regulations**” tab on the home page, then click on the link labeled “**Medical**” in the second column. Once the “**Medical**” page loads, locate and click on the document labeled “*Medical Examiner's Certificate (MEC), Form MCSA-5876.*” Print the document and have your medical examiner complete. Send the completed document with your enrollment package. (This is different than your medical examiner report.)

IF UNDER 18 YEARS OF AGE:

You must be 18 years old to get a DOT physical. If you are 17 years old, please submit the rest of the enrollment package. You will be unofficially accepted into the class which means you will have a seat held for you.

2b HIGH SCHOOL TRANSCRIPTS OR COPY OF GED



Have your High School Transcripts or GED Transcripts sent.

NOTE:

If you are still in high school, request from your school that your current transcript showing that you are on track to graduate be sent to SLTC. That will be sufficient for your application. When you graduate, request your high school to send your final official transcript for our records.

2c REQUIRED DOCUMENTATION



COPY OF YOUR SOCIAL SECURITY CARD OR A COPY OF YOUR W-2

PLEASE ATTACH COPY OF SOCIAL SECURITY CARD OR W-2.

COPY OF CURRENT VALID DRIVER'S LICENSE

PLEASE ATTACH COPY OF CURRENT DRIVER'S LICENSE.

PROOF OF INSURANCE

PLEASE ATTACH YOUR PROOF OF INSURANCE

NEXT STEP



Submit your application to lineworker.com/enroll-crane

1. Upload complete Enrollment Package
2. Include any and all required documents with your application.
3. Contact the school to pay the fees.

ENROLLMENT QUESTIONS, CONTACT:

laronica.forester@lineworker.com
706-657-3792

**CONGRATS! YOU HAVE COMPLETED
THE APPLICATION PROCESS!**

ONE OF OUR STAFF WILL BE IN TOUCH SOON.