

Department of Labor & Industries  
 Apprenticeship Section  
 PO Box 44530  
 Olympia WA 98504-4530



# APPROVED TRAINING AGENT

L&I Apprenticeship Coordinator

**\* Denotes required entries**

*Effective date:
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Termination date:
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*Employer name		
*Address		
*City	*State	*ZIP+4
*Contact Person	Telephone	
E-mail	FAX	
Contractor ID number	UBI number	
Project/Job name (if applicable)	Unique number assigned by program (if applicable)	
Standard Industry Classification (SIC)	North American Industry Classification System (NAICS)	
Miscellaneous information or codes assigned by program (if applicable)		

**The Employer understands and agrees:**

- a. That participation is voluntary and a privilege and the failure to adhere to the below requirements could cancel the employer's agreement and ability to participate in the apprenticeship program.
- b. To utilize the apprenticeship standards for all training in the occupation(s) listed below in the geographical area of the standards.
- c. That all employees, not recognized as journey level, that perform the work processes as listed in the standards shall be registered as an apprentice with the Apprenticeship Section of the Department of Labor and Industries.
- d. That all conditions of the standards must be adhered to for employees performing the duties of an apprentice as listed in the standards.
- e. To comply with the requirements for apprenticeship established under RCW 49.04, Chapter 296-05 WAC, and 29 CFR Parts 29 and 30.

*Name of registered apprenticeship program:
*Occupation(s):

**For the Employer:**

*Signature
*Typed or printed name
*Title
*Date

**For the Committee:**

*Signature
*Typed or printed name
*Title
*Date

The following is for L&I Apprenticeship Section use only:

ARTS assigned Employer ID number		Date entered in ARTS:	
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