



# APPROVED TRAINING AGENT

## All Fields Required

|                |                  |   |
|----------------|------------------|---|
| Effective Date | Termination Date | L&I Apprenticeship Coordinator<br>Gary Peterson |
|----------------|------------------|---|

|  |            |       |
|--|------------|-------|
| Employer Name  |            |       |
| Address  |            |       |
| City   | State      | ZIP+4 |
| Contact Person   | Telephone  |       |
| E-mail   | FAX        |       |
| Contractor ID Number (If Applicable)   | UBI number |       |
| Name of Registered Apprenticeship Program<br>NORTHWEST LABORERS APPRENTICESHIP COMMITTEE |            |       |
| Occupation(s)<br>LABORER (SOC# 47-2061.00) 6,000 hours                                   |            |       |

The Employer understands and agrees that participation is voluntary. Failure to adhere to the requirements for apprenticeship established under RCW 49.04, Chapter 296-05 WAC, and 29 CFR Parts 29 and 30 could result in the cancellation of the employer's agreement and its' ability to participate in the apprenticeship program.

### For the Employer:

|                       |
|-----------------------|
| Signature             |
| Typed or printed name |
| Title                 |
| Date                  |

### For the Apprenticeship Program:

|   |
|---|
| Signature                               |
| Typed or printed name<br>Thomas P. Reed |
| Title<br>Training Director              |
| Date                                    |

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

|                             |                      |
|-----------------------------|----------------------|
| ARTS assigned Employer ID # | Date entered in ARTS |
|-----------------------------|----------------------|