



APPROVED TRAINING AGENT

All Fields Required

Effective Date	Termination Date	L&I Apprenticeship Coordinator
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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		
Occupation(s)		

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 cancelation 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
Title
Date

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

ARTS assigned Employer ID #	Date entered in ARTS
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